


Spring 1994

Jefferson Alumni Bulletin – Volume XLIII, Number 3, Spring 1994

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JEFFERSON

MEDICAL COLLEGE ALUMNI BULLETIN Spring 1994



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Upcoming Events

REUNION WEEKEND '94

June 9, Thursday evening

Women's Forum Dinner for alumnae, faculty, and women students, in Alumni Hall

June 10, Friday, 7:00 P.M., The Union League

Alumni Banquet, honoring Achievement Award recipients Gerald J. Marks '49 and Herbert A. Saltzman '52

June 11, Saturday

9:30–10:30 A.M.

"Charitable Estate Planning: To Benefit Jefferson and You," a continental breakfast, in Alumni Hall, with Francis J. McGovern, Director of Development, Gift Planning

9:30 A.M. & 11:00 A.M. Eakins Gallery Dialogue: "The Thomas Eakins-Jefferson Medical College Connection," with Julie S. Berkowitz, Thomas Jefferson University Art Historian

CLINIC PRESENTATIONS Solis-Cohen Auditorium, Alumni Hall

9:30 A.M. Raj K. Sinha, M.D. '89, Ph.D.

9:45 A.M. Guy M. Stofman '84

10:00 A.M. Anthony V. Coletta '79

10:15 A.M. James D. Plumb '74

10:30 A.M. Paul M. Weinberg '69

10:45 A.M. David L. Paskin '64

11:00 A.M. (Coffee Break)

11:15 A.M. J. Joseph Danyo '59

11:30 A.M. Howard L. Field '54

11:45 A.M. Scott J. Boley '49

12:00 Noon Charles L. Liggett S'44

12:15 P.M. Daniel W. Lewis J'44

12:30 P.M. Henry A. Shenkin '39

1:00 P.M. The Dean's Luncheon, in Alumni Hall, with Dean Joseph S. Gonnella, M.D.

THE JOE HENRY COLEY '34 LECTURE immediately following the Dean's Luncheon

Connelly Conference Hall, Bluemle Life Sciences Building

Robert C. Gallo '63, Chief of Tumor Cell Biology at the National Cancer Institute,

Will speak on AIDS research (see the Winter *Bulletin*, page 13)

A reception will follow

Campus tours, led by Jefferson students

REUNION CLASS PARTIES Saturday evening

Class of '39 Fifty-Fifth Reunion 6:30 P.M. Eakins Lounge, Jefferson Alumni Hall

Class of J'44 Fiftieth Reunion 7:00 P.M. Ritz-Carlton Hotel, Seventeenth and Chestnut Streets

Class of S'44 Fiftieth Reunion 7:00 P.M. Cliveden Room, Hotel Atop the Bellevue, Broad and Walnut Streets

Class of '49 Forty-Fifth Reunion 7:00 P.M. Grand Salon, Rittenhouse Hotel, 210 West Rittenhouse Square

Class of '54 Fortieth Reunion 7:00 P.M. Conservatory, Hotel Atop the Bellevue, Broad and Walnut Streets

Class of '59 Thirty-Fifth Reunion 7:00 P.M. Azalea Room, Omni Hotel, Fourth and Chestnut Streets

Class of '64 Thirtieth Reunion 7:00 P.M. Ritz-Carlton Hotel, Seventeenth and Chestnut Streets

Class of '69 Twenty-Fifth Reunion 7:00 P.M. Rose Garden, Hotel Atop the Bellevue, Broad and Walnut Streets

Class of '74 Twentieth Reunion 7:00 P.M. Four Seasons Hotel, One Logan Square

Class of '79 Fifteenth Reunion 7:00 P.M. Ritz-Carlton Hotel, Seventeenth and Chestnut Streets

Class of '84 Tenth Reunion 7:00 P.M. Grand Dining Room, Downtown Club, Public Ledger Bldg., Sixth and Chestnut

Class of '89 Fifth Reunion 7:00 P.M. Faculty Club, Jefferson Alumni Hall

June 12, Sunday

Farewell Brunch, 10:00–12:00, Eakins Lounge and West Courtyard, Alumni Hall

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Joseph L. Seltzer '71 in the operating room. See page 2

Chris Leaman photo

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Jeff Anesthesiology



JOSEPH L. SELTZER '71

"For some must watch,
while some must sleep"

Hamlet III, ii

Shakespeare's verse gives it universal meaning, but to define it clinically, anesthesiology is the science and art of rendering patients insensible to pain and emotional stress during surgical or obstetrical procedures. We use general or regional anesthetics or parenteral sedation, sometimes with local infiltration anesthesia. We're responsible for preanesthetic preparation of the patient and immediate postoperative care. Plus, the field has expanded beyond the operating room to intensive care units, acute pain, and chronic pain.

The first anesthesiology department in a U.S. medical school was founded in 1932 at the University of Wisconsin. Previously, anesthesia for surgical procedures had been administered by nurse anesthetists under the direction of surgeons.

The field developed rapidly during the 1970s and 1980s. New technology allowing full tracking and documentation of perioperative physiologic changes made the specialty much more attractive to the bright young medical school graduate. Care of the surgical patient improved significantly both in the operating room and in the postoperative care units. The increasing abilities of the anesthesiologist afforded surgical intervention for heretofore inoperable patients. Shepherding critically ill patients through complicated procedures inspired J. Willis Hurst, M.D. to write in the foreword of *Cardiac Anesthesia* edited by Joel A. Kaplan '68, "The smart medical consultant is so smart that he chooses the anesthesiologist rather than the [anesthetic] agent."

As the field has become more complex, subspecialties have formed. Anesthesiology was the first board to offer certifications in critical care medicine and pain management. There are also distinct fields of pediatric anesthesia, obstetrical anesthesia, neuroanesthesia, cardiac anesthesia, and anesthesia for ambulatory surgery.

Expertise in the use of pulmonary artery catheters was developed at Jefferson in the late 1970s, allowing measurement and documentation of hemodynamic changes during procedures like open heart surgery. The hemodynamic monitoring systems in Jefferson's operating rooms soon had to be overhauled. All users of advanced monitoring technology (cardiology, pulmonary medicine, anesthesiology, surgery) agreed on standardization. In the mid eighties, the hospital replaced each monitor with a state-of-the-art system.

Another technology, the pulse oximeter which measures the saturation of hemoglobin noninvasively, was the most important advance in anesthesiology in 30 years. It provides early warning of respiratory problems, leading to

s Never at Rest



corrections long before any hypoxic damage occurs. In 1984 it was incorporated into all operating rooms at Jeff as well as mobile carts that provide anesthesiology services to areas outside the operating room.

At the same time, capnography—the ability to measure expired carbon dioxide—became available. It provides great safety margins for the patient. Able to document expiration breath-by-breath, the anesthesiologist can be fully confident that a patient is being adequately ventilated. By 1986, all operating rooms at Jeff were capable of monitoring expired carbon dioxide.

Even more important than these technologies at Jefferson has been the development of the faculty in the last 10 years. To achieve the goal we set in 1984 of becoming a nationally prominent academic department, the faculty had to be expanded with individuals who would add scientific productivity and scholarly achievement as well as maintain clinical and teaching excellence. The 18 faculty members in 1984 grew to 24 by 1986 including a basic scientist heading a new research laboratory.

The department has continued to expand with 44 members at present, including Deborah Ritter, M.D., AN'77 who has served as Vice Chairman since 1984. These numbers allow the faculty to be present in clinical areas outside the operating room such as the intensive care unit, pain services, and delivery room.

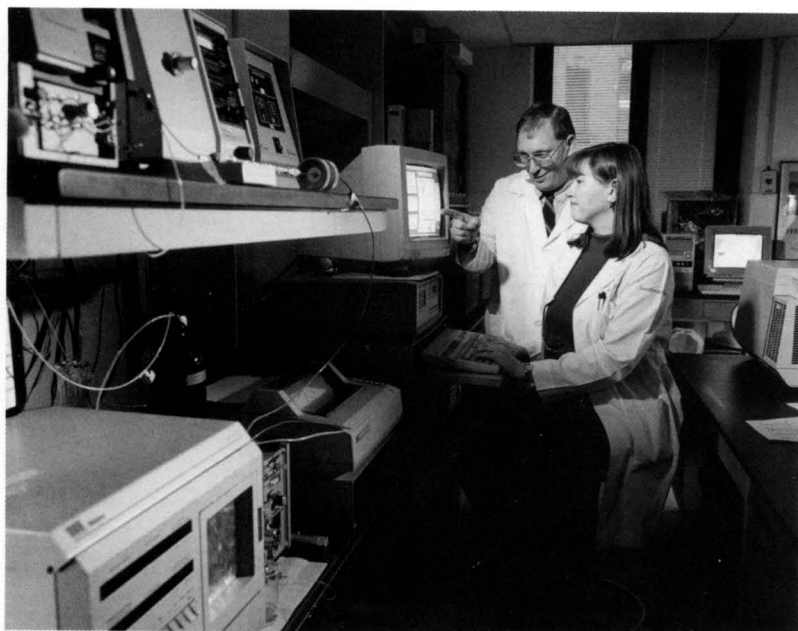
The achievements of the faculty are multiple. They sit on panels at the anesthesiology meetings and national subspecialty meetings, and are selected to present refresher courses. Their opinions are widely sought, as evidenced by the number of requests they receive to write chapters for textbooks and editorials for major journals.

Our faculty serve major associations. I am honored to be President Elect of the Pennsylvania Society of Anesthesiologists,

A Brief History

Jefferson appointed its first Chairman of Anesthesiology, Louis J. Hampton, M.D., in 1955, and established a residency program. Under Jay J. Jacoby, M.D., Ph.D., Chairman from 1965 to 1984, the department matured and significantly expanded. It was responsible for a school of nurse anesthesia which trained a large number of superior nurses. The residency program grew, producing many excellent clinicians. Dr. Jacoby's graduates also include a number of medical school professors and at least two chairmen of academic departments. Perhaps Dr. Jacoby's greatest gift was his ability to communicate with students. He could explain the most difficult concepts in terms that were easily understandable. This along with his gentle fatherly personality was highly influential in recruiting many medical students to the field of anesthesiology.

Upon Dr. Jacoby's retirement in 1984, Joseph L. Seltzer '71 was appointed Chairman of the Department. Dr. Seltzer had completed a straight surgical internship at the Chandler Medical Center, University of Kentucky, and an additional year of general surgery residency. He then returned to Dr. Jacoby's department as an anesthesiology resident, after which he served two years as a Major at Wright-Patterson Air Force Base in Dayton, Ohio. Upon discharge from the Air Force, he received an academic position at the State University of New York Health Science Center at Syracuse. He returned to Jefferson in 1980 as an Associate Professor.



Hugh Schieren, Ph.D. in the anesthesia research lab with Joanne Vesci

Chris Leaman photos

a member of the Executive Council of the Society of Academic Anesthesiology Chairmen, Chairman of the Match Review Committee of the Association of Anesthesiology Program Directors, and a Delegate for Pennsylvania to the American Society of Anesthesiologists. Barbara Leighton, M.D. is President Elect of the Society of Obstetric Anesthesia and Perinatology. Drs. Armstead, Bartkowski, Leighton, Norris, Ritter, and I serve as Oral Examiners for the American Board of Anesthesiology. Five department members have been elected to the Association of University Anesthesiologists. Within our own institution, anesthesiologists serve on 28 medical college and hospital committees.

The national respect of our faculty has been earned through scholarly activity. In 1984, the department had four active research projects and no grants. By 1986, there were three dozen active projects including six laboratory studies. We received our first grant that year totalling \$74,000. It was also the first year that the Arthur B. Tarrow, M.D. Award was presented for excellence in research by a resident. Presently, there are 74 active research projects in the department of which 14 are funded. The average funding for the last four years has been over \$1,100,000 annually. This substantial growth in 10 years speaks for the calibre of the present faculty.

How We Built Research

Research was developed through a nontraditional approach. First of all, because of the department's heavy clinical responsibilities, not all members are expected to be investigators. Their efforts in caring for patients and teaching students and residents allow others to concentrate on research.

The second nontraditional aspect was the development of research associates who act as "faculty extenders." The research office under the direction of Richard Bartkowski, M.D., Ph.D. consists of Alexander T. Marr, CRNA, Marc Torjman, M.Ed., Jennifer Lessin, R.N., and Hugh Schieren, Ph.D., Director of the Anesthesiology Research Laboratories. Each provides unique talents which allow a faculty member to be much more productive than if he or she had to work unassisted. The group facilitates recordkeeping, preparation of case report forms, statistical analysis, and generation of abstracts for meetings. Thus the faculty member can save his or her personal attention for where it is truly required.

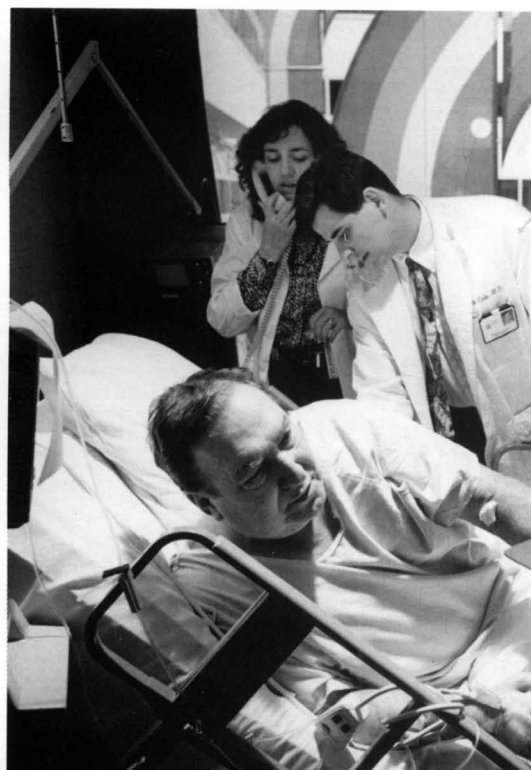
Furthermore, Mr. Torjman's expertise in respiratory physiology has led to interdepartmental projects involving the surgery department and our critical care specialists, on the metabolic requirements of surgical intensive care patients. Such

studies are also offered for patients not enrolled in research projects, upon the request of the Surgical Nutritional Support Team. Two to three of these studies are performed each week.

A strong interest in clinical pharmacology has brought nearly all new anesthetic agents to Jefferson for testing prior to Food and Drug Administration approval. Directed by Dr. Bartkowski, this group includes Said Sharifi-Azad, M.D., Richard Epstein, M.D., and Thomas Witkowski, M.D. Drs. Epstein and Bartkowski have also developed systems of computer-controlled drug infusions based on blood levels predicted from pharmacokinetic data. The clinical pharmacology group is on the cutting edge of the development and delivery of anesthetic agents.

We are also involved in bench research projects in collaboration with other departments. Evan Frank, M.D., Ph.D. has worked with the Department of Pathology on fluidity changes in membranes following long-term exposure to nitrous oxide. Valerie Armstead, M.D. is working with the Department of Physiology on endothelium and its actions. Philip Maurer '83 has worked with the Department of Biochemistry

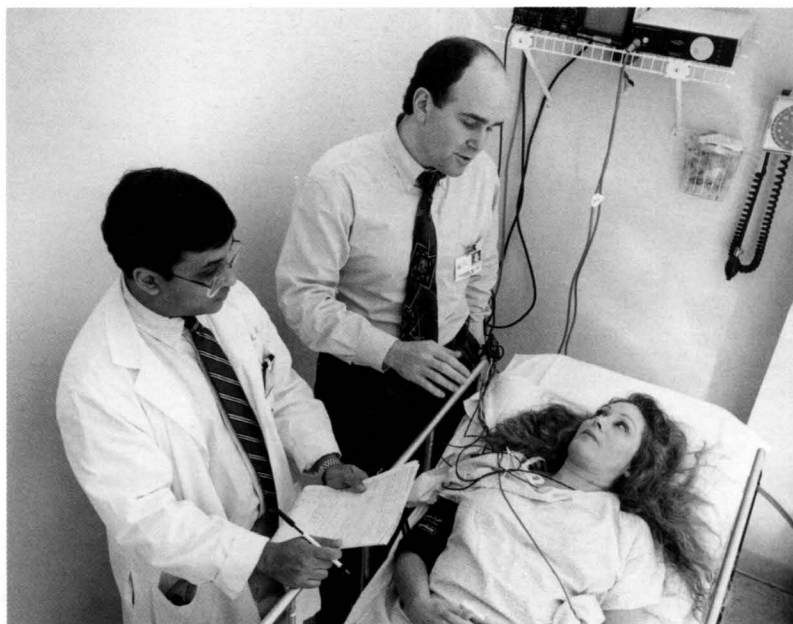
Barbara Leighton, M.D. (right) on acute pain rounds with resident Anne Kelly, M.D., resident Scott Cole '90, and Susan Doney, M.S.N.



and Molecular Biology on the immunological effects of anesthetic agents.

Success in research activities is measured in several ways. A review of the number of abstracts presented at the two major anesthesiology meetings, the American Society of Anesthesiologists and the International Anesthesia Research Society, shows that each year since 1988, Jefferson has been in the top 20 institutions—sometimes much higher—in number of abstracts presented. Considering that there are over 100 academic anesthesiology departments in the country, Jefferson's productivity is significant. In 1991, in the journal *Anesthesia and Analgesia*, our department was recognized as one of the major contributors to the peer-reviewed literature in 1990 (see chart on page six). It was one of only 17 departments mentioned.

In 1984, the department had one peer-reviewed article, one abstract, and one book coauthored by Dr. Seltzer. In 1993, we had 15 peer-reviewed articles, 33 abstracts, and three books. *Obstetrical Anesthesia*, a major text edited by Mark Norris '80, had 11 chapters contributed by eight different Jefferson



Dr. Frank
at the Pain
Center with
resident
Shailesh Patel
'91 (left)

faculty members and three fellows. Rudolph de Jong, M.D., Director of the Pain Center, published a single-author text entitled *Local Anesthetics*, and David Guarnieri, M.D. coedited *Perioperative Medicine* which included three chapters by Jefferson faculty members.

Areas of Interest

ACUTE PAIN MANAGEMENT

Acute pain management includes the use of spinal opiates and intravenous opiate infusions via patient controlled analgesia (PCA) pumps. A growing body of literature suggests that appropriate postoperative pain management significantly decreases morbidity and mortality, improves overall outcome, and may decrease length of stay in the intensive care unit. There is further evidence that "preemptive analgesia," obtained by starting these postoperative analgesic techniques before the surgical stimulus, further improves outcome and reduces the overall amount of pain the patient experiences after the operation.

Jefferson's acute and chronic pain management group is led by Rudolph de Jong, M.D. and includes Evan Frank, M.D., Ph.D., Associate Director of the Pain Center and Director of the Acute Pain Service. James Honet, M.D. also spends the majority of his time on chronic

pain patients, as do Dr. Maurer, David Gratch, D.O., and Carol Mei Lin Tom, M.D.

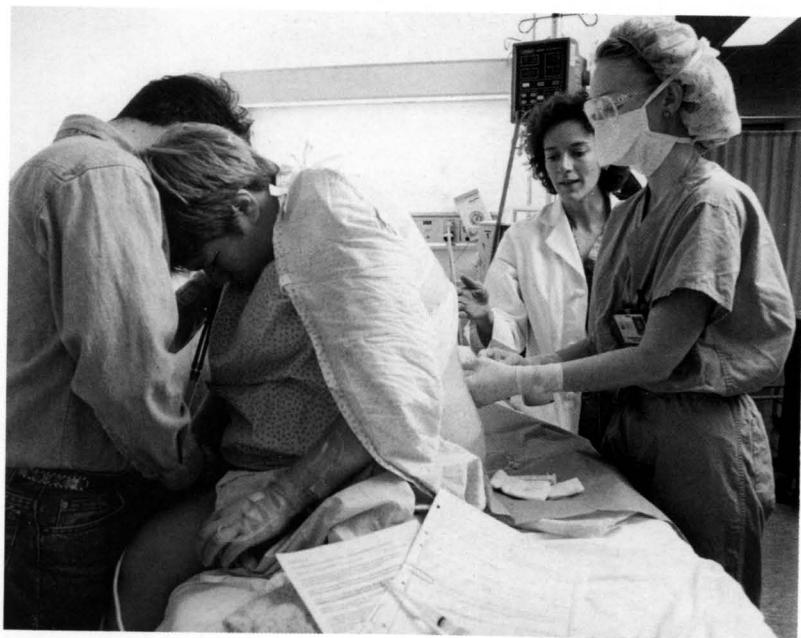
Acute pain management was the topic of the first set of Clinical Practice Guidelines issued by U.S. Department of Health and Human Services in February 1992. Jefferson had been meeting or exceeding the standards for many years before the guidelines were issued, with the first acute pain services having been offered in 1986 to intensive care patients. Now epidural opiates and PCA pumps are available throughout the hospital. Daily the department dedicates one faculty member, two residents, and a pain nurse solely to acute pain management. This is overseen by Evan Frank, M.D., Ph.D. with Dr. Bartkowski, Dr. Leighton, Rehana Jan, M.D., and Shailen Jalali '85 as attendings.

CRITICAL CARE

The critical care anesthesia group is led by Steven D. Bell, M.D. and includes Richard Berman, M.D., Jeffrey Littman, M.D., and David Gratch, D.O. Among them they hold additional certification in critical care medicine, internal medicine, and pulmonary medicine. They provide consultative care in the surgical and neurosurgical intensive care units and respond to all trauma codes in the emergency room.

continued





Valerie Arkoosh, M.D. oversees the administration of epidural anesthesia to a woman about to give birth.

PEDIATRIC

With many pediatric surgical patients, from newborns to adolescents, at Thomas Jefferson University Hospital, a number of faculty members have subspecialty training in pediatric anesthesiology. Headed by Richard Epstein, M.D. who is board certified in pediatrics as well as anesthesiology, they include Kathleen Guarnieri '84, Howard Mendel, M.D., Michael Williams, M.D., and Valerie Armstead, M.D. who also serves as an attending in the pediatric intensive care unit.

OBSTETRICAL

Our obstetrical anesthesiology section has grown significantly in the last 10 years. Codirected by Mark Norris '80 and Dr. Leighton, it includes Valerie Arkoosh, M.D., Suzanne Huffnagle, D.O., and H. Jane Huffnagle, D.O. They not only provide coverage in the delivery room but are extremely active in research and have defined many state-of-the-art techniques. Continuous epidural infusion and the use of spinal opiates for the laboring patient underwent early clinical trials at Jefferson leading to refinement of the techniques and eventually almost universal application. The Jefferson research group led by Dr. Leighton established itself as the leading authority on testing epidural catheters for proper position in the laboring patient. Dr. Norris has been recognized as one of the main forces in

reestablishing the effectiveness and safety of spinal anesthesia for cesarean delivery.

NEUROSURGICAL

Because the Regional Spinal Cord Injury Center of the Delaware Valley is located

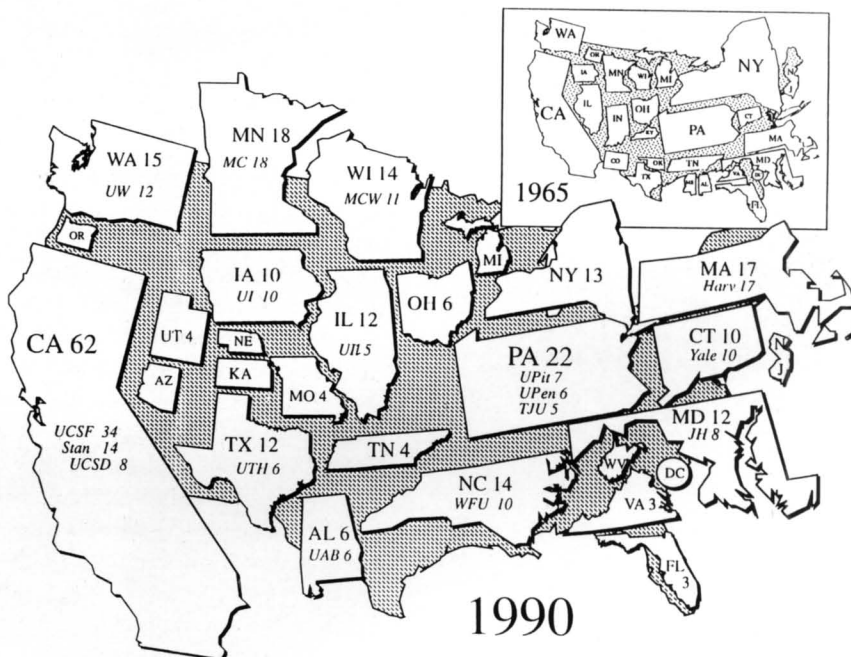
at Jefferson, neurosurgical anesthesiology has special importance. Physicians led by Said Sharifi-Azad, M.D. work not only with spinal cord injury patients but also with intracranial procedures requiring the most sophisticated anesthetic care. Craniotomies are performed in awake but adequately sedated patients to allow the neurosurgeon to identify vital brain centers during the procedure. For many years we have monitored spinal cord patients through somatosensory evoked potentials (SSEPS), helping preserve spinal cord function when the cord is at risk of injury both in scoliosis surgery and in surgery for spinal cord trauma.

CARDIAC

Our 15 faculty members in cardiac anesthesiology are led by Stephen McNulty, D.O. We always have a cardiac anesthesiologist on call for night and weekend emergencies.

AMBULATORY SURGERY

The majority of day surgery procedures are performed in the Jefferson Surgical Center, a freestanding unit physically separate from



the hospital with Jay Williams, M.D., Ph.D. as head of anesthesiology and medical director. The unit requires anesthetic techniques that offer a rapid recovery so that patients can go home a few hours after the procedures.

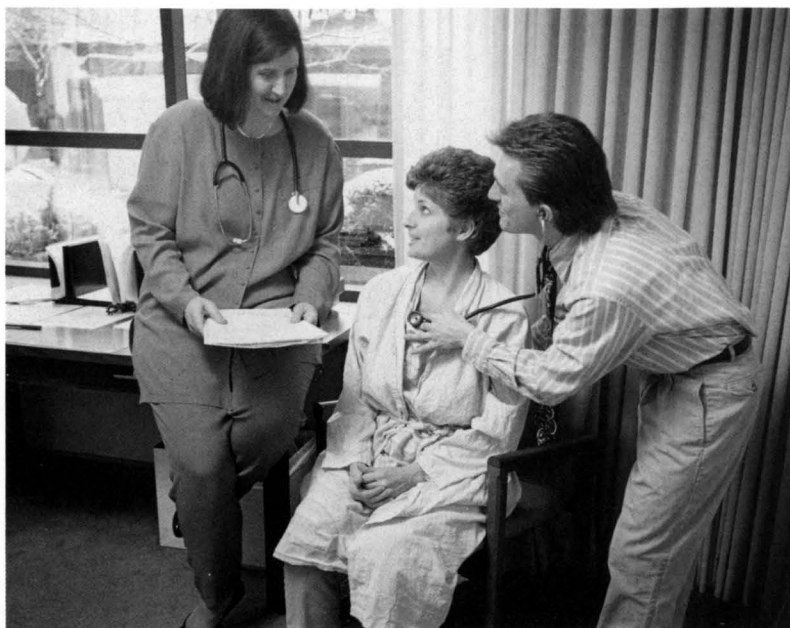
In addition to day surgery patients, close to 40 percent of patients who do remain in the hospital after surgery are admitted the morning of the operation. This has made the task of properly preparing the patient for anesthesia prior to arrival at the operating room much more difficult. Therefore Jefferson developed a Patient Testing Center in 1989 which is under the medical direction of Mary Ann Starsnic-Resnik '73 assisted by David Guarnieri, M.D. One of their most critical roles is coordinating the clinic's activities with the patient's surgeon.

Drs. Resnik and Guarnieri attempt to obtain all necessary information at a minimum cost. The Department of Anesthesiology has taken on the responsibility of ordering all preanesthetic tests. A study conducted in the unit has shown that this method saves close to a half million dollars per year.

In the unit, the patient is also interviewed by nursing personnel who explain the procedures he will undergo and teach him to use patient-controlled analgesia and other postoperative pain management techniques. Nurse practitioners perform preoperative histories and physical examinations. On a daily basis, the department commits three residents and one faculty member to the Patient Testing Center. Bruce Asam, M.D. and H. Jane Huffnagle, D.O. provide staff coverage.

Teaching is Our Primary Goal

We still consider teaching medical students and residents to be the main reason for a career in academic medicine. We instruct undergraduates for a two-week portion of the interdepartmental course in the core curriculum which has undergone considerable changes in the last 10 years. Our department's portion is directed by



Mary Ann Starsnic-Resnik '73 and resident George Pepe, M.D. interview a woman at the Patient Testing Center.

Kathleen Guarnieri '84. A tape/slide lecture series has been distributed to all affiliated hospitals to standardize the information that the students receive no matter which hospital they rotate to.

In 1984, the department offered a single subinternship in anesthesiology. We have added ones in critical care medicine and management of the pain patient. These provide important information even to students who will not pursue a career in anesthesiology.

The residency program has grown significantly, with 58 residents compared to 30 in 1984. This has occurred for two reasons. All residents starting after May 1986 were required by the American Board of Anesthesiology to complete an additional year. In addition, the development of independent subspecialty rotations in critical care, pain, and obstetrical anesthesia, and the growth of other operating room services at Jefferson have called for many additional residents.

While we encourage residents who wish to pursue academic careers to do so, our philosophy is that it is most important to train excellent clinicians. The didactic program includes teaching conferences four days a week. The board certification rate consistently runs well above the national rate and the most recent group of graduates were above the 75th

percentile as a class on their final in-training examination. Upon graduating from the residency program, many enter subspecialty fellowships. The majority of graduates ultimately join community hospital practices; however, 33 who graduated since 1984 are in academe.

Jefferson offers several fellowship positions and is an approved program for pain management, enabling graduates to take the certification exam. The obstetrical anesthesia group has many fellows including individuals who have completed training in other countries. Adding to the academic milieu, three faculty in cardiac anesthesia and obstetrical anesthesia have been at Jefferson on sabbatical leave from other institutions in the last four years.

The department has developed rapidly in this decade. We have achieved national recognition, but we won't rest at that. We will stay on the leading edge and continue to develop new drugs and techniques.

The faculty is a young one with fewer than 10 percent of its members over the age of 50. Each has contributed in his or her own way to departmental goals, and will continue this productivity for many years to come. It is a pleasure to be a part of this enthusiastic team.

feature preparation: Malcolm Clendenin

THE PAST TEN YEARS AND

DEAN JOSEPH S. GONNELLA, M.D.

My initial reaction to the invitation to prepare remarks of this kind was consternation. I was, of course, pleased by the invitation but also reluctant because to develop and publish a record of positive developments which have occurred during one's stewardship tends to suggest that I would like to take credit for those developments, when, in fact, many people must share the accolades for each instance of progress in an institution like ours.

However, after further thought, I accepted in the belief that some observations I have made and some lessons I have learned during the last 10 years may be of some value to those who read this.

These last 10 years, if nothing else, have been a period of significant change in medical education, in research, and in patient care.

In medical education a series of reports were published, recommending a major overhaul of the educational process. In the preclinical years especially, the traditional teaching formats were challenged in favor of small group, problem based, student centered, more "active" learning situations. Students were to be given more responsibility for their own learning, imbued with the habit of continuing their learning throughout their practice lives, and taught the skills of information management, in order to handle the geometric rate of increase in the amount of biomedical knowledge being generated.

In clinical education, health services were dramatically changed. Hospital stays were significantly reduced. Separate facilities for one-day surgery were established. Major and increasing

emphasis was placed on graduating more primary care physicians. These considerations highlighted the importance of more ambulatory care experiences for medical students in order to provide a comprehensive general clinical education. In the face of these changes in the way medical care was delivered, faculties had to devise a range of new strategies to meet educational requirements.

In the area of research, changes of equal magnitude were taking place. The legitimacy and need for a whole new area of research was recognized more widely and even began to receive a government mandate. The value of research on the way health services are provided drew increasing attention to the public's interest in reducing costs, justifying outcomes, and improving levels of satisfaction. The field received an obvious additional boost from the more recent preoccupation with effecting a major overhaul of the health care system in the United States. Concentration on these issues by our political leaders raised many questions that health policy experts and researchers in health services are expected to address. Graduates of medical schools will increasingly be

looked to for leadership in developing answers to these questions, in addition to caring for patients in a setting which is more complicated and demanding.

While health services research was coming into its own, basic biomedical research was making advances in ways unmatched by anything in the past and almost unimagined 25 years ago. Research developments led to more sophisticated technology and to a demand for more specialists at a time when the system was being challenged to produce more primary care physicians and fewer specialists. These quantum leaps in basic biomedical science whet the appetite of the public for more medical miracles, made accessible to them in a much faster time frame. Collaborations between researchers and clinical investigators became the wave of the future for medical science not only because basic scientists themselves are demanding these clinical contacts, but because society wants no time lost between discovery and therapeutic implementation. Simultaneous with these developments, however, were the serious economic problems of the country, the attendant budget deficits, and the reductions in support for research, for both its direct and indirect costs. In the face of this scarcity of money, the rate of advances in biomedical science made it clear that it would be very easy to fall unrecoverably behind the state-of-the-art in research and scholarship and soon lose one's status as a first-rate academic medical center.

I have already delineated some of the changes in the system of patient care, especially as they had an impact on the kind of educational opportunities available to teach students. Equally important, of course, to the quality of the educational program and indeed to the college's survival was the economic impact of changes in the reimbursement system for patient care. This system, as it had evolved 10 years ago, made possible the development of practice arrangements

DR. GONNELLA, WHO JOINED
JEFFERSON IN 1967, ASSUMED
THE DEANSHIP IN 1984.

THE FUTURE

for clinical faculty which became a critical source of continuing support especially for the private schools. These dollars grew and were relied upon to offset reductions in general educational support from state and federal agencies, reductions in direct and indirect support for research from government sources, and increases in the cost of operating an educational institution. At about this time, the underpayment of the generalist physician was acknowledged not by any significant increase in the reimbursement of those services but rather by a reduction in reimbursement of those tertiary services which are the principal business of an academic medical center. With this source of revenue becoming less reliable over the last few years, a serious financial challenge has surfaced. Most recently, the emergence of managed care and the increasingly competitive nature of the marketplace have given this financial challenge greater dimensions and importance. And they have given the base of primary care patients even greater significance for the financial as well as pedagogical viability of a medical education institution. Fortunately, at Jefferson our loyal alumni and volunteer faculty have continued to maintain an active and critical role in our mission. Where that has not been the case, the challenges are significantly more troubling.

Against this backdrop I have sketched, Jefferson has continued its dedication to the standards of its remarkable past. The actions and changes which I will now describe were the result of the combined effort, in true Jefferson tradition, of the alumni, the faculty, the students, the staff, and the administrations of the hospital, university, and medical college. In my view, much has been accomplished, and while many challenges remain, we would not have enjoyed the success we have without the dedication and cooperation of all of these people.

HOW HAS THE COLLEGE CHANGED?

Jefferson Medical College has a long tradition of advances in medical care, and its alumni have played a key role in creating this tradition. The figures and deeds are known to anyone familiar with American medicine, and there are at least two dozen major hospitals named after our alumni. Thanks to the dedication of



Robert Neroni photos

all who have done so much for Jefferson, today's students and faculty have a great legacy to draw from and example to emulate.

In addition, we have long had a solid organizational structure that facilitates the exchange of ideas, and a spirit of cooperation among members of the institution. Above all, we have a tradition of fiscal and organizational stability. This allowed us to make long range plans with the confidence that we would be able to implement them. We are fortunate and, among academic medical centers, unusual in this stability.

Given these strengths, we were able to take the next steps. To realize our potential more fully, it was necessary to balance seemingly conflicting interests:

☞ We needed to put resources into our research and academic components without diminishing patient care.

☞ While encouraging more primary care education, we had to incorporate the latest medical research in the education of our students and the care of our patients.

☞ We needed more psychosocial and health policy research and education without cutting back on essential medical science.

STUDENT DEVELOPMENT

Over the past decade everyone in the Jefferson family has worked diligently together to refine our mission of student development. When the Liaison Committee on Medical Education reported on the curriculum in 1993 they noted that it combined traditional and experimental elements and that it was based on teaching basic science as a foundation for clinical activities. Before we look at the experimental programs, I would like to describe how I believe the traditional curriculum has been strengthened.

On the undergraduate level, we have seen improvements in both the clinical and preclinical curricula, as well as in the coordination of the two.

From 1984 to 1991 the faculty met at great length to review the preclinical curriculum. The result is one that has more continuity with the rest of the medical education experience. An important refinement is the improved correlation between the basic and clinical sciences. Emblematic of this improvement is the decompression and coordination of content in the second year pathology and Introduction to Clinical

Medicine courses, which have been scheduled to better complement each other. In both years, course materials are monitored to avoid unnecessary redundancy and to emphasize the interdisciplinary nature of biomedical information. Problem solving skills are also a greater part of the curriculum.

Another key development in the first two years is the January Plan, the three week period between the first and second semesters that offers a combination of required and elective courses designed to help prepare students for the psychosocial issues in medicine. The Jan Plan offers courses in biostatistics, health policy, ethics, law and medicine, and health care systems, that had previously been part of other courses, or offered at times when they had to compete for attention with the more traditional basic science courses.

The clinical program was refined as well. Of special note was the responsibility taken by the dean's office for overseeing the quality of the educational experience at the affiliated hospitals. The Associate Dean for Residency and Affiliated Hospital Programs works with the Associate Dean for Academic Affairs to monitor the quality and nature of the clinical experiences at all clinical education sites including Jefferson to assure comparability of standards and learning opportunities. This is accomplished by systematic data collection of student performance characteristics and evaluation by students of the learning environment at each clinical site and the regular reporting of that data to the program coordinators. Students have also been completing logs of their patient experience to assure adequate exposure to the various disciplines. Expanded opportunities in outpatient settings have been introduced with the establishment of strong new affiliations with Geisinger Medical Center, the A. I. duPont Institute, and most recently, Pennsylvania Hospital.

While the college has done much to improve the mainstays of the curriculum, there was also a series of special programs developed to meet particular needs. Besides the well established accelerated program with Pennsylvania State University, arrangements have been made for older students and career changers to attend postbaccalaureate programs at Bryn Mawr College and the University of Pennsylvania.



A Medical Scholars Program with the University of Delaware was instituted to prepare physicians who will be health policy leaders and planners for the twenty-first century. Students are selected in their sophomore year of college and a special program of study is devised to develop leadership skills by a careful correlation of experiences throughout the 10 years of college, medical school, and residency.

Two M.D./Ph.D. programs, the Gibbon Scholars and the Dungleison Scholars, were formalized for students who want to pursue a career in academic medicine

and biomedical research. These programs are a collaborative effort with the College of Graduate Studies.

An important partner in the development and operation of these programs emphasizing health policy is the Office of Health Policy and Clinical Outcomes, a venture jointly supported by the hospital and the medical college.

Many of the enhancements, especially in our educational and health services research missions, have been greatly aided by the Center for Research in Medical Education and Health Care. It has been the eyes and ears of our curriculum development. It has assumed responsibility for collecting and analyzing data on the evaluation of the undergraduate and residency programs. The center performs this role in conducting the Jefferson Longitudinal Study. Data from that study allows us to compare our students' performance during medical school, in clerkships, or on National Board Examinations with their residency performance and professional careers. In fact a publication focusing on these issues appeared recently as a special supplement to *Academic Medicine* (Vol. 68, No. 2). Our longitudinal study is the largest of its type in the country with 6,303 students and graduates beginning with the class that matriculated in 1964. This tracking system was cited by the Liaison Committee on Medical Education's 1993 survey team as a model for other medical centers.

The center has also emerged as a leader in research on quality of care and assessment of clinical outcomes and has collaborated with other health care institutions in this country and in Europe and Asia.

RESIDENT DEVELOPMENT

The center also assumed a similar role for the residency programs, collaborating with the staff of the Associate Dean for

A RELUCTANCE
TO TAKE RISKS
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A WILLINGNESS
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STATUS QUO
BUT RATHER
TO ACCEPT
DECLINE FROM
THE STANDARDS
AND GOALS
ALREADY
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Residency and Affiliated Hospital Programs. The latter office has also spearheaded activities to improve the training of residents, focusing on areas not usually found in the curriculum of a given clinical discipline. Modules prepared thus far enhance residents' skills in teaching, practice management, medicolegal issues, managing stress, communicating with patients, and becoming better leaders. The most recent effort has been to develop cost containment skills. An assessment of the impact of these modules indicates that they are benefiting not only the residents, but also the medical students they instruct, the attendings who instruct them, and the patients. Thus this comprehensive preparation of residents is very valuable to other missions of the hospital and the college.

FACULTY DEVELOPMENT

It is not possible to discharge responsibilities for student development adequately without giving equal attention to the development of the faculty. In my construction of things, the dean who is effective in these two areas has done his job well.

Perhaps the most important step in looking out for the interests of the faculty is the recruitment of chairmen. I have been fortunate to have been able to recruit 15 chairmen to complement the strong leaders I inherited from the previous administration. The chairmen, through a combination of their own accomplishments and excellent recruiting, effected major advances in the research and patient care programs of the college. The proper symbiosis was formed and this led to the creation of important linkages among the basic scientists, the clinical investigators, and the clinicians on the front lines seeing to the care of patients. New institutes and centers were formed as mechanisms to further the collaboration of faculty from different disciplines.

These have been the foundation for Jefferson to continue to grow in research and patient care.

This growth could not occur, obviously, without a significant commitment of resources for faculty positions, equipment, and facilities. From 1984 to 1987 we did everything possible to use the space available to improve our research facilities. There were walk-through tours, renovations, shifting, and doubling up. Eventually everybody, including outside LCME examiners who were here in 1986, agreed that new facilities were needed if we were to realize our ambition to achieve a proper balance among our research, patient care, and education missions. As a result, planning for a new life sciences building began in 1986 with the cooperation of the hospital and entire university. During the 1988-89 academic year, with research awards having grown by 170 percent over the previous five years, the life sciences building project passed several major milestones. The Board of Trustees gave approval to the college's plan for managing the cost of the project that would eventually double Jefferson's total research space. Operating on a fast track, the new building, which is

one of the finest research facilities in the region, opened in the summer of 1991 as the home of the Jefferson Cancer Institute, the Jefferson Institute of Molecular Medicine, the Stein Center, the research Division of Rheumatology, and the Department of Dermatology.

With this commitment of resources by the college and university, the faculty in the basic sciences more than doubled from 1984 to 1994 while research funding increased fivefold, to over \$60 million. Budget projections associated with these commitments are remarkably on track despite slowdowns in federal support for research, the reduction and freezing of general state support, and the downturn in the economy nationally. Credit must go to the faculty whose productivity increased so dramatically against such significant odds.

A critical component of faculty productivity which made it possible for the college to weather the storm was the growth of the Faculty Practice Plan. During this period, the plan grew from 250 to 420 members and its revenues increased from \$27 million in 1984 to over \$100 million today. In addition, plan members are responsible for about 65 percent of the hospital's admissions.

The Faculty Practice Plan's achievements are especially impressive in the light of constraints of payment approaches by the federal government over the past decade, namely DRGs (in the early eighties) and the Resource Based Relative Value Scale, the current approach used by the government and also by most third party payers. The Office of Clinical Practice Activities has maintained excellent service and maximum efficiency in the Faculty Practice Plan.

The volunteer faculty at Jefferson and at our affiliated institutions have played critical roles. They have joined the full-time faculty in planning our response to increased managed care. They have brought patients into the hospital and

provided valuable instruction. I have been committed to maintaining a real and meaningful integration of the volunteer faculty into all dimensions of the college, having them serve on important committees and play a significant role in the educational programs. I hold this view because of the talent existing in the group and the benefits to be derived for the college. Current developments in the system of health care delivery make even closer levels of collaboration a necessity. There is no doubt in my mind that the future success of the college rests heavily on the continued full participation of our volunteer faculty not only at Jefferson but also at our affiliates, including the A. I. duPont Institute, the Medical Center of Delaware, Geisinger Medical Center, Lankenau and Bryn Mawr Hospitals, and, most recently, Pennsylvania Hospital.

SOME FINAL THOUGHTS

All of the tangible and quantifiable achievements provide some measure of the changes of the past decade. Even more exciting, perhaps, are the intangible assets that have accrued. They are, after all, what separate the excellent from the ordinary. Some of the intangibles I see are:

- ☞ Growth in the spirit of inquiry;
- ☞ Greater opportunities for students to interact with scientists on the cutting edge of their fields;
- ☞ Greater opportunities for clinicians and scientists to learn from one another;
- ☞ An increase in interdisciplinary and interdepartmental programs; and
- ☞ Enhancement of our standing among academic medical centers both as educators (Jefferson was cited as one of the top three comprehensive medical schools from 1992 to 1994—in first place twice—in a survey conducted by *U.S. News and World Report*) and as a research enterprise (we moved into the upper third in terms of funding by the National Institutes of Health). This increased visibility will lead to heightened interest in Jefferson on the

part of the best students, teachers, and researchers, as well as potential benefactors. Judging from current trends in federal policies on health care and research, these are precisely the kinds of strengths we must continue to develop.

The alumni have been essential to maintaining the financial health of the institution as well as helping it maintain its identity throughout these changes. Their enthusiasm for Jefferson has been an inspiration to us, and their financial support has allowed us to make the best education available to our students. Thanks to them, the past year saw the most successful giving campaign ever, both in terms of amount of money (over \$1.5 million) and number of contributors (3911).

A little more than a year ago, Jefferson was visited by a team from the Liaison Committee on Medical Education for their regularly scheduled reaccreditation survey of the college. It had been seven years since their previous visit. They made special note of:

- ☞ the faculty's strong commitment to education;
- ☞ creativity and leadership by the departments in developing educational programs;
- ☞ the college's multidisciplinary courses providing an excellent framework for ethical, behavioral, and socioeconomic material in the curriculum;
- ☞ excellent facilities for student life and learning;
- ☞ the presence of an active Center for Research in Medical Education and Health Care;
- ☞ a model tracking system of students and graduates in the Jefferson Longitudinal Study;
- ☞ improved balance among the missions of the institution given the development in research programs; and
- ☞ positive relationships with other components of the university, especially the hospital, and a stable and supportive administration in the university and the college.

If there is one lesson that has been reinforced time and again during these last 10 years, it is that progress is not possible without risk. Further, a reluctance to take risks does not mean a willingness to accept the status quo (to which it is often equated) but rather to accept decline from the standards and goals already achieved.

Of course, there are risks and there are risks. Fortunately, the risks we took were worth it and we have weathered many challenges, I believe, in remarkably good fashion. We have a well-balanced program that is one of the best in the country, and we have a dedicated family that is committed to this institution and its continued tradition of greatness. It is this family who together decided which risks were good bets and which were not.

Just as we all worked together to decide which risks to take to reach our goals, all of us will need to contribute our best to face the challenges of the next decade. Some of these will be:

- ☞ countering diminished financial support from federal and state governments;
- ☞ educating medical students with a decreasing pool of inpatients as more care is moved to ambulatory settings;
- ☞ increasing our primary care programs in the face of increased desires by students to specialize;
- ☞ increasing our recruitment of qualified minority students, faculty, and staff;
- ☞ providing the best in medical education to minority students; and
- ☞ continuing to educate leaders in health policy.

And, of course, there will be the challenges we don't yet know about, but I feel optimistic that just as we have met the challenges of the past with the support of the Board of Trustees, the Thomas Jefferson University administration, all the faculty, the students, and the loyal staff, we will successfully overcome future obstacles to continue the fine traditions and heritage of Jefferson Medical College. □

Jefferson Will Develop Integrated Delivery System With Main Line Health

Thomas Jefferson University and the Main Line Health System are planning a regional health care delivery system. Jefferson's President Paul C. Brucker, M.D. envisions "an integrated and mutually interdependent group of partners who will retain their own identities. The agreement covers the Main Line Health System and Jefferson, but we plan to involve additional institutions in the future." The current name for the new system is the Healthshare Group. A corporation is being created as a jointly owned holding company and administrative arm for the network, which will be one of the largest in the Philadelphia area.

Among the priorities of the agreement are:

- ☞ hospital-physician relationships that span all member institutions;
- ☞ an integrated system providing a full range of health care services;
- ☞ preservation of the unique culture of each member institution;
- ☞ careful documentation of outcomes;
- ☞ cost-effectiveness of services delivered under various health care financing arrangements;
- ☞ integrating member institutions' efforts in research, information

technology, and education of health care professionals.

Forming a full-fledged network is expected to take five years. A joint planning committee of trustees, physicians, and senior administrators from Jefferson and the Main Line Health System will make recommendations to the participating institutions' governing bodies on how to implement the integration.

The Main Line Health System was formed in 1985 as an affiliation of Lankenau Hospital, Bryn Mawr Hospital, and Bryn Mawr Rehab. They were joined in 1986 by Paoli Memorial Hospital and in 1993 by Community Health Affiliates, a visiting nurse, home care, and hospice organization. Each is a not-for-profit, charitable institution governed by a separate board of trustees that links it closely to its community. Systemwide decisions are made by the Main Line Health System Board of Governors.

The system's primary service area extends from the western and northwestern portions of Philadelphia through the city's Montgomery, Delaware, and Chester County suburbs to the west and south. The headquarters of the Main Line Health System is in Radnor, where overall financial administration and purchasing are conducted. A data

center located in Berwyn handles patient records, telecommunications, lab data, cost accounting information, and employee records.

Main Line Medical Enterprises, a partnership between the Main Line Physicians Association and the system, created a managed care organization called Integrated Health Networks in 1992. Its preferred provider network, MaxNet, encompasses 32 hospitals and 3,000 physicians.

Two of the Main Line Health System's member institutions, Bryn Mawr Hospital and Lankenau Hospital, are Jefferson affiliates for graduate medical education, and offer clinical clerkships to Jefferson medical students.

The alliance that Jefferson formed in recent months with Pennsylvania Hospital (see the Winter 1993-94 *Bulletin*, page 9) will not be affected by the partnership with Main Line Health System. "We hope and expect that Pennsylvania Hospital will become part of the new system," Dr. Brucker has stated. □

Lankenau Hospital Hosts Phase III Clinical Trial Of ALT

Autolymphocyte therapy (ALT) developed by Cellcor, Inc. is undergoing a Phase III clinical trial at Lankenau Hospital under the direction of David T. Harris, M.D., Clinical Professor of Medicine at Jefferson, and Robert Krigel, M.D. The study will evaluate the survival of patients with metastatic renal cell carcinoma who receive ALT or alpha interferon.

ALT is an outpatient procedure involving the ex vivo activation of a patient's own white blood cells. □

Thomas Jefferson University		Main Line Health System
27,988	Inpatient Admissions	39,827
857:	Beds	1,207
717 at Thomas Jefferson University Hospital		
100 at TJUH-Ford Road Campus		
40 at Children's Rehabilitation Hospital at Ford Road Campus		
\$707 million	Operating Expenses	\$410 million
8,756	Employees	5,144
1,039	Active Medical Staff	1,154
918	Medical Students	in clerkships
645	Residents and Fellows	135

all figures fiscal year 1993

Third-Year Students From Malaysia

The medical college will begin accepting qualified students from International Medical College in Kuala Lumpur, Malaysia as transfers into the third year. Jefferson will be able to accommodate them because of attrition.

The students' first two years of medical school will be in Malaysia. Before being admitted to Jefferson Medical College, they will have to pass Part I of the U.S. Medical Licensing Examinations. And they will arrive here three to six months prior to matriculation in order to adjust fully to the culture. Their country will require them to return there for a year of postgraduate service, thus helping to alleviate a shortage of physicians. □

Home Care Visits To the Elderly

The Department of Family Medicine has been awarded \$200,000 by the Pew Charitable Trusts for a new geriatric home assessment and treatment program to provide much-needed care for approximately 150 homebound elderly in the Ludlow section of North Philadelphia. The project is an extension of the department's home visit program, which was created a decade ago to revive the practice of house calls. The grant will support the work of staff physicians, residents, a geriatric nurse practitioner, a social worker, and two home health aides recruited from the Ludlow community. □

Books

Professor of Neurology **Serge W. Duckett, M.D., Ph.D.** is the editor of *Pediatric Neuropathology*, to be published this summer by Lea & Febiger of Malvern, Pennsylvania. With more than 60 contributors, its 43 chapters run to nearly 1,600 pages, 8½ x 11", with over 1000 illustrations. For more information, the publisher may be contacted at 1 800 638 0672. □

Parents' Day

Barbara Michele McCorvey '96 with parents Dr. and Mrs. Roosevelt McCorvey '73

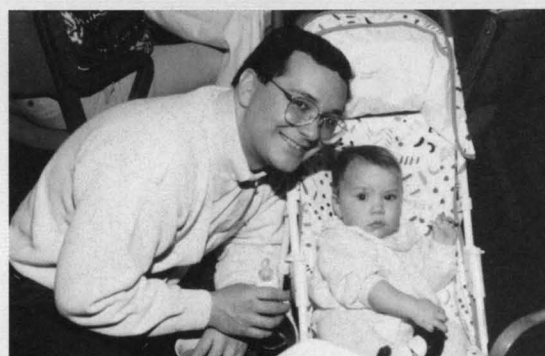


Associate Professor George Brainard, Ph.D. spoke at lunch.

After lunch, sophomores led by Kirk Milhoan told their story.



Jeffrey Kramer '96



The big crowd who attended Parents' Day were welcomed by Edward McGehee '45, University President Paul Brucker, M.D., and Benjamin Bacharach '56 who was host in Dean Gonnella's stead. The sophomores elected Edward Kiggundu '96 as their speaker. The organizing committee, chaired by Nancy Czarnecki '65, included 15 students led by Lydell Lettsome '96 and Jennifer Kacmar '96.

Community Outreach Expands With Establishment of JeffCARES

Sylvia K. Fields, Ed.D., R.N., Christine Laine, M.D., M.P.H., and Maria F. Rodowski '95

Typical of a wide commitment to help the underserved, a number of Jefferson medical students chose a community internship last summer, interviewing homeless individuals in Jefferson's emergency room, on the streets surrounding the campus, and at nearby resource sites such as Mercy Hospice and the Family Center. Others conducted a health needs assessment in the Ludlow neighborhood of North Philadelphia and worked at the St. Columba's shelter where Jefferson students have established the JeffHOPE clinic (see the Winter 1993 *Bulletin*, page 14).

These summer internships gave them in-depth exposure to the challenges of public health initiatives and expanded their tolerance and empathy towards homeless individuals. The students' interest and motivation were in turn a stimulus to Jefferson's faculty and administration to respond to the Health of the Public initiative of the Pew Charitable Trusts, the Robert Wood Johnson Foundation, and the Rockefeller Foundation with an ambitious and innovative plan for community involvement, JeffCARES: Jefferson Community Action, Research, Education, and Service. Funding for JeffCARES began last October.

In this program, Jefferson Medical College, the College of Allied Health Sciences, and the hospital are working with outside partners to promote the health of persons living near Jefferson in Center City Philadelphia. Collaboration between disciplines and between the university and community organizations is key.

JeffCARES is structured according to the four phases of the Community Oriented Primary Care (COPC) Model:¹ 1) define and describe the population, 2) identify and prioritize health needs, 3) design and

implement intervention, and 4) monitor the impact of interventions. We have assembled an advisory panel of organizations whose expertise, guidance, and data on Philadelphia's health can help us set our agenda, and describe groups at risk for inadequate primary care services. Representatives are participating from the Philadelphia Public Health Department, Mayor's Office for the Homeless, Philadelphia Health Promotion Council, Philadelphia Corporation for the Aging, Philadelphia Health Management Corporation,² Project HOME,³ and neighborhood organizations in

We hope to demonstrate innovative ways in which the academic health center can extend itself to needy populations.

Washington Square and Chinatown. We are immersed in research to identify and prioritize the primary care needs of Center City. Through JeffCARES, and under the direction of Clinical Assistant Professor Christine Laine, M.D., M.P.H., medical students are exposed to hands-on population-based research and community health research.

Via a recent partnership, we have already been able to expand the JeffHOPE clinic to the Gateway Center, the city's new reception center for the homeless run by the Salvation Army at Ninth and Hamilton Streets.

Evaluation of JeffCARES will be multifaceted. Through longitudinal studies,⁴ we will evaluate the impact it has on students, and determine if those with the opportunity for hands-on, community-oriented activities are more likely to later select primary care careers in urban areas. We can address the

impact of JeffCARES on Center City by tracking individuals who receive JeffCARES services. We hope to demonstrate innovative ways in which the academic health center can extend itself to needy populations.

To coordinate these efforts, an office has been established within the medical college academic affairs office. Sylvia K. Fields, project director, coordinates activities, communicates with the advisory panel, maintains a data base of community sites for activities of the various curricula, and serves as a base for community-oriented health promotion programs. An Executive Board composed of interested faculty and administrators from the colleges and the hospital oversees activities. In addition, an interdisciplinary JeffCARES student organization has just been established to coordinate student volunteer activities in the community.

JeffCARES will bolster community-oriented content in the curricula with a new course, An Interprofessional Approach to Urban Health Care. It will emphasize interdisciplinary learning through classroom and field experiences. In addition, the JeffCARES office sponsors a seminar series and publishes a newsletter on student and faculty activities, community health research findings, and service opportunities.

¹Nutting PA, Community-oriented primary care: an integrated model for practice, research, and education. *Amer J Prev Med.* 1986;2:140.

²Project HOME (Housing, Opportunities, Medical Care, Education) is the best-established service organization for Philadelphia's homeless. It provides a continuum of care from street outreach to shelter, transitional housing, counseling, and pre-employment assistance.

³Philadelphia Health Management Corporation is a nonprofit public health organization that conducts research, provides management and technical assistance for those in the health care delivery system, and provides specialized, direct services in the community.

⁴The Jefferson Medical College Longitudinal Study has collected data and followed graduates since 1968 from preadmission through their professional lives via surveys and linkage to national data bases of the American Medical Association, the Association of American Medical Colleges, and the American Board of Medical Specialties. The College of Allied Health Sciences Longitudinal Study has followed the career of every student since 1988.

Albuterol May Aid Parkinson's Disease Therapy

Scientists here have determined that albuterol, which is typically used to treat asthma, may improve the transport of L-dopa from the bloodstream into the brain and thus increase its usefulness as a treatment for Parkinson's disease. L-dopa helps to restore the body's supply of dopamine, which Parkinson's disease depletes. L-dopa's effectiveness diminishes over time, however, so that dosages must be increased, often leading to severe complications.

"The improvement of motor function in patients with this disease is critically dependent on the steady delivery of L-dopa to the brain," notes Associate Professor of Neurology Guillermo Alexander, Ph.D. "In a small, open trial, we've determined that administering albuterol prior to L-dopa results in significant improvements in the patients' scores for motor skills."

In future a larger, double-blind study of albuterol as adjunct therapy to L-dopa may be conducted. And evaluation of the transport process of L-dopa in patients with Parkinson's may lead to a greater understanding of how messages transmitted from the brain are affected by neurodegenerative diseases. □

NIH Continues Scleroderma Research Support

The National Institutes of Health have awarded \$1.2 million to support ongoing studies of scleroderma, particularly the molecular mechanisms that regulate the production of collagen.

Previous investigations at Jefferson and elsewhere have shown that transforming

growth factor β plays a central role in the development of fibrosis. Currently, Jefferson scientists are trying to determine the mechanism by which it stimulates production of Type 1 collagen in normal human skin, and mapping the regions of the human collagen gene that relate to the abnormal production of collagen.

Findings from this work could also shed light on illnesses in which too little collagen is produced. Chronic, nonhealing wounds are common, for example, in diabetics or patients treated with steroids. Once researchers understand how collagen production is regulated normally, they may be able to develop gene therapy to either retard or accelerate that function. □

Faculty Number Among Area's Most Cited Scientists

Five of the 19 most cited researchers in the Philadelphia area are on Jefferson's faculty, according to data for 1988–1992 from the Institute for Scientific Information. Frequency of citation is one indication of a peer-reviewed article's relative importance since it reflects the number of times other investigators referred to it in their own papers. Among Delaware Valley scientific authors, Carlo M. Croce, M.D., Director of the Jefferson Cancer Institute, was tied for ninth place, Darwin J. Prockop, M.D., Ph.D., Chairman of Biochemistry and Molecular Biology, was thirteenth, and also in the top 19 were Hilary Koprowski, M.D., Professor of Microbiology and Immunology, Kay Huebner, Ph.D., Professor of Microbiology and Immunology, and Jouni J. Uitto, M.D., Ph.D., Chairman of Dermatology.

Other academic institutions such as the University of Pennsylvania had only one scientist in the top 20 on this list. □

Department of Anatomy, Pathology, And Cell Biology

The Department of Anatomy and Developmental Biology and that of Pathology and Cell Biology will soon be consolidated into a single department named Anatomy, Pathology, and Cell Biology. It will also include Neuropathology, which formerly was part of the Neurology Department. These changes are expected to lead to greater efficiencies of operation. □

Research Building Featured in New Journal

The Bluemle Life Sciences Building was featured in the inaugural issue of *Oncology Reports*, a new peer-reviewed journal based in Athens. The cover sported a color photo of the building, which is home to the Jefferson Cancer Institute and other molecular biologists, and inside was a description of the institute by Gerald Litwack, Ph.D., its Deputy Director. □

College is Ranked At Top for Third Year

The medical college has again been ranked very highly by *U.S. News and World Report*. As in past years, that magazine surveyed medical leaders for their opinions of U.S. medical schools. It divided schools into two groups: those with a heavy emphasis on research and those with a special mission of training primary care physicians, which it termed "comprehensive" medical schools. In the latter category, Jefferson was placed third in the magazine's March 21 issue, and it had the best combined rating from academics and directors of residency programs. □

Cited by MS Society

Professor of Neurology Robert Knobler, M.D., Ph.D. recently received the Hope Award, the National Multiple Sclerosis Society's highest volunteer recognition. His service has included chairing the Greater Delaware Valley Chapter's Professional Advisory Committee. □

ACR Committee Chair

Professor of Radiology Stephen A. Feig, M.D. has been appointed Chairman of the American College of Radiology Mammography Accreditation Committee. A list of accredited facilities is available to the public through the American Cancer Society so that women undergoing exams can select a facility that maintains adequate technical standards. □

AUR Fellowship

Assistant Professor of Radiology Ethan Halpern, M.D. has received a research fellowship cosponsored by the Association of University Radiologists and GE Medical Systems. Only three were awarded nationwide this year. Halpern's winning research proposal is the comparative evaluation of Doppler ultrasound, spiral computed tomography, and magnetic resonance imaging in the diagnosis of the narrowing of the arteries that supply blood to the kidneys. □

Many Jeffersonians Are Among Magazine's "Top Docs"

On *Philadelphia* magazine's annual list of "Top Docs," published in its March issue, were no fewer than 162 Jeffersonians, including numerous medical college and postgraduate alumni and 88 members of the house staff. The selection was based on a survey of doctors and nurses in the Philadelphia area. □

August F. Herff '23 died August 4, 1993 at age 93. He had been in general practice in San Antonio, Texas before retirement. His son, August F. Herff, Jr. graduated from Jefferson in 1953.

M. Gulden Mackmull '25 died January 1, 1994 at age 93. He served as Chief of Medicine and Chief, Department of Physical Medicine at Germantown Hospital from 1948 to 1961 and held various teaching appointments in medicine at Jefferson from 1927 to 1955. He relocated to California in 1961 and practiced at the Camarillo State Hospital from 1961 to 1971. After retirement, he lived in King City, Oregon. He is survived by a daughter.

John T. Martin '32 died November 16, 1993. He practiced ophthalmology in Massillon, Ohio until 1987. He was a retired Lieutenant Colonel in the Army Medical Corps. He is survived by his wife, Myra, a son, and a daughter.

Harry B. Bower '34 died December 18, 1993. He maintained a general practice for more than 55 years in the Harrisburg, Pennsylvania area. In addition he was a former Chief of Obstetrics at Harrisburg Polyclinic Medical Center. He is survived by his wife, Evelyn, and a daughter.

John P. Lim '34 died December 13, 1993. He was in general practice in Stroudsburg, Pennsylvania until 1985. In addition he provided medical care to Pleasant Valley Manor nursing home and was school physician for the Stroudsburg School District. He was elected to the Board of Education of the Stroudsburg School District in 1954, serving as president from 1962 to 1964. When he retired from the school board in 1986, he was honored by the community at a reception at which he was described as a humble, knowledgeable, caring, and devoted doctor and educator.

C. Joseph Miller '34 died February 5, 1994. He practiced internal medicine and gastroenterology in Philadelphia and then in Jenkintown, Pennsylvania for 59 years. He was described by his

patients as a courtly and indefatigable physician. He is survived by his wife, Gertrude, a son, and a daughter.

Milton B. Jacobson '37 died January 12. He had practiced in Miami Beach, Florida since 1950 and was a former Chief of Urology at Mt. Sinai Medical Center and St. Francis Hospital. He is survived by his wife, Lynn, and a daughter.

David B. Kimmelman '37 died January 11. He practiced ophthalmology in New York City for over 40 years before retiring to Lake North, Florida in 1983. In 1964 he was one of the first doctors to travel to Mississippi to treat injured civil rights workers. In 1969 he visited Cuba as a member of the United States Cuba Health Exchange and visited North Vietnam in 1974 as the leader of a United States medical team. He was a founding member of Physicians for Social Responsibility, an antinuclear group. He is survived by his wife, Edythe, and two sons.

Isadore Gershman '38 died November 23, 1993. He practiced in Providence, Rhode Island and served on the pediatric faculty of the Brown University Program in Medicine. He was Chief of Service and Chief of the Outpatient Department at St. Joseph Hospital and was on the staffs of Rhode Island, Roger Williams, Miriam, and Women and Infants Hospitals. He was a former President of the Medical Staff at Charles V. Chapin Hospital. He is survived by his wife, Helen, a son, and a daughter.

Samuel Schlesinger '38 died December 2, 1993. A charter member of the American Academy of Family Physicians, he conducted a general practice in Conyngham, Pennsylvania for 33 years. During World War II he served as a battalion surgeon in the European theater. He served on the medical staffs of Hazleton-St. Joseph Medical Center and Hazleton General Hospital. He is survived by his wife, Lillian, and two sons.

Randal A. Nishijama '41 died June 16, 1993. He was a general surgeon in Honolulu, Hawaii. He served as Secretary of the Hawaii Medical Association, as

President of the Honolulu General Surgical Society, and was active in the Honolulu County Medical Society. He is survived by his wife, Kathleen.

Robert J. Derham S'44 died December 20, 1993. He was a general surgeon on the staffs of St. Joseph's and Misericordia Hospitals in Philadelphia. He was a physician for the Philadelphia Electric Company for 31 years and, for several years, for the U.S. Post Office at 30th Street. He is survived by his wife, Helen, two sons, and two daughters.

Leon Rosenbaum, Jr. S'44 died December 15, 1993. He practiced internal medicine in Wyncote, Pennsylvania for 41 years. He was on the staffs of Albert Einstein Medical Center and Jeanes Hospital in Philadelphia. He was a former President of the North Branch of the Philadelphia County Medical Society. He is survived by his wife, Dorothy, and two daughters.

Robert E. Stark '49 died November 28, 1993. He was the author of several books on weight control and former President of the American Society of Bariatric Physicians. He served as Director of Medical Education at St. Joseph's and Good Samaritan Hospitals in Phoenix, Arizona. Dr. Stark was a member of the Advisory Committee on Continuing Medical Education of the American Medical Association from 1973 to 1982. He was also a former U.S. senior powerlifting champion and held several world weightlifting records for his age group. He is survived by his wife, Helen, five sons, and four daughters.

Robert F. Zuch '55 died December 14, 1993. He practiced internal medicine in Tucson, Arizona where he was on the medical staffs of Tucson Medical Center and St. Joseph Hospital. He was active in Jefferson alumni affairs in the Tucson area. He is survived by his wife, Helen, and a son, Robert H. Zuch '85.

Professor of Surgery **Charles Fineberg, M.D., GS '55** died February 14. Dr. Fineberg was born in Philadelphia. After graduating from Wake Forest University in 1941, he entered the United States Coast Guard Academy and was

commissioned in 1942. During World War II he commanded ships in the South Pacific and North Atlantic.

Fineberg was also a member of the New York Yankees farm team system; once the war was over he had to choose between major league baseball and a career in medicine. He chose medicine and graduated from Hahnemann Medical College in 1950.

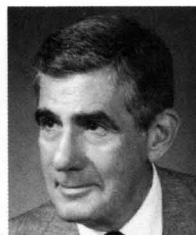
After an internship at Mt. Sinai Hospital in Philadelphia, Dr. Fineberg came to Jefferson for his residency in 1951. He never left, rising through the ranks to become a full professor of surgery in 1972. As a surgical resident Dr. Fineberg operated with John H. Gibbon, Jr. '27 and worked with him in the development of the heart-lung machine.

Dr. Fineberg also served as Director of Thoracic and Vascular Surgery at Albert Einstein Medical Center, Daroff Division from 1968 to 1987.

The positions and awards he cherished were as past President of the J. Aitken Meigs Medical Society, fellow of the Royal Society of Medicine, fellow of the National Cancer Institute and National Heart Institute, Council Member of the Philadelphia College of Physicians, and Scientific Advisory Board member for the National Foundation for Ileitis and Colitis.

Friends and colleagues remember Dr. Fineberg as a scholar, scientist, and teacher, but they also knew him as a sailor with an ardor for the sea and a storyteller with a flair for dialect that enlivened many a meeting. "He was a profound influence on all of us through his precepts, his example, and his absolute integrity," recalls John R. Prehatny '57, Chief of Surgery at the Wilmington VA Medical Center.

Dr. Fineberg is survived by a son and two daughters. At the family's request, all remembrances should be donated to the Charles Fineberg Memorial Fund at Thomas Jefferson University, c/o Development Office, Suite 314, 834 Chestnut Street, Philadelphia, PA 19107.



'27

James H. Wall of Topsham, Maine extends greetings and is eager to hear from fellow Jeffersonians.

'34 Sixtieth Reunion June 10-12, 1994

Harold L. Israel gave the Trudeau Lecture on "Clinical Perspectives on the Diagnosis and Treatment of Sarcoidosis" at the Annual Scientific Assembly of the New York State Thoracic Society in January.

'36

J. Edward Berk was the featured speaker at the annual meeting of the Ex-Residents Association of Albert Einstein Medical Center in Philadelphia in March.

Bernard Mason retired in January after a general practice of 47 years in Huntington Beach, California.

'38

Pincus Sobie will retire from his internal medicine practice in Rochester, New York in April but knows he'll continue to see several patients.

'41

Clyde C. Greene, Jr. of San Francisco is recovering from a heart attack and is doing well. "Glad to be here!"

J'44 Fiftieth Reunion June 10-12, 1994

Bernard L. Braveman of Madeira Beach, Florida and **John G. Oliver** of Pen Argyl, Pennsylvania were recently honored for 50 years of service by their county medical societies.

S'44 Fiftieth Reunion June 10-12, 1994

James Beebe, Jr. retired on December 31 after a surgical practice of 43 years in Lewes, Delaware.

John J. Gartland's *Fundamentals of Orthopaedics*, fourth edition has now appeared even in Chinese.

'45

Kent P. Cooper is now a volunteer at the Senior Friendship Clinic in Florida.

'46

Paul B. Heuston of Gooding, Idaho has essentially retired from radiology, but still works approximately six weeks each year.

David G. Simons is cofounder of the newly established, nonprofit Myofascial Trigger Pain Institute in San Diego. He was invited as a keynote speaker for the 1994 Taipei International Symposium of Myofascial Pain and Fibromyalgia.

'47

Michael Bucan of Shavertown, Pennsylvania is enjoying travel and woodworking.

Robert B. Funch retired from full-time practice of radiology seven years ago but continues to enjoy doing locum tenens for brief periods in states ranging from Montana and Utah in the West to New Hampshire and Maine in the East.

Now that he's retired, **Charles J. Rodgers** plays tennis three to four times a week.

'48

Richard Landis of Fort Pierce, Florida has been fishing and playing tennis.

'49 Forty-Fifth Reunion June 10-12, 1994

Stanley F. Nabity retired in December and "will travel, golf, fish, and read. My wife was very anxious for this to come about."

'50

Robert K. Worman, who went to Choma, Zambia three years ago to become medical superintendent of Macha Mission Hospital, is now back in Alabama and has joined a surgical practice in Phenix City.

'51

Robert W. McLaughlin of Penn Yan, New York has retired after 39 years of practice.

Leon Shmokler is in his 41st year of family practice in Philadelphia with his brother-in-law, **Milton L. Friedman** '60.

'53

William J. McLaughlin reports that he has recovered from damage to his Hawaii home.

'55

H. William Porterfield was appointed by Governor George Voinovich to represent HMOs on the Ohio Health Care Board, and is chairing its subcommittee on basic benefits.

Donald E. Potts retired in September 1993 as Director of the Emergency Room at Coshocton County Memorial Hospital in Ohio.

'56

Robert J. Maro, Sr. recently concluded two years as President and Chairman of the Board of the New Jersey Academy of Family Physicians.

'57

Gerry T. Cousounis has been elected President of the Roxborough Memorial Hospital Medical Staff for a two-year term.

Arthur N. DiNicola has been practicing in Minersville, Pennsylvania, his hometown, for 15 years.

Photos by **George A. Salverian** were featured in *MD* magazine's February 1994 issue. He shoots only in black and white. "I often will be in the darkroom for six or seven hours, sometimes to print one picture," he says. It takes him away from the stress of his busy family practice in Huntingdon Valley, Pennsylvania. "I can completely forget about medicine, come up at three o'clock in the morning, and feel satisfied."

George W. Wilson has been named Medical Director of Roxborough Memorial Hospital in Philadelphia.

'58

Richard A. Cautilli has joined the orthopaedic surgery staff of Saint Mary Hospital in Langhorne, Pennsylvania.

Edwin R. Concors has joined the Department of Pediatrics at Jeanes Hospital in New Jersey.

'59 Thirty-Fifth Reunion June 10-12, 1994

Marvin C. Daley, Ronald Fisher, Mark Kauffman, and Alan Snyder had a

mini-reunion in Longboat Key, Florida on January 30.

Alan I. Snyder was recently elected President of the Medical Staff of Saint Mary Hospital, Langhorne, Pennsylvania.

'60

Jack Bocher of Chadds Ford, Pennsylvania plans to retire from orthopaedic surgery in December.

Neil R. Feins continues as Professor of Surgery and Pediatrics at Boston University and Director of Pediatric Surgery at Boston City Hospital.

Luke G. Tedeschi of Framingham, Massachusetts recently retired after 30 years of pathology practice.

'62

Charles J. Bannon of Clarks Green has been named a Councilor of the Eastern Pennsylvania Chapter of the American College of Surgeons.

Jack W. Love, Jr. was recently reelected President of the Medical/Dental Staff at Underwood Memorial Hospital in New Jersey. Additionally, he was elected to a three-year term on the hospital's Foundation Board.

Herbert C. Perlman has been reelected as Fifth District trustee to the Pennsylvania Medical Society. He is also serving another term as President of the Medical Staff of Carlisle Hospital.

'63

Irving P. Ratner continues as Chief of Orthopaedic Surgery at Rancocas Hospital in Willingboro, New Jersey.

'65

Nathan B. Hirsch is a senior partner in a five-person obstetrics and gynecology group in South Miami, Florida.

William F. Pharr continues as Director of Cardiovascular/Thoracic Surgery at Geisinger Medical Center in Danville, Pennsylvania.

An Honor Reminds Him of His Gratitude

Arthur Koffler '36, a Senior Attending Emeritus at Stamford Hospital and St. Joseph Medical Center, recently had an article published by *Connecticut Medicine* on "Prompt Intravenous Anticoagulation of Cerebral Embolus Based on Clinical Information Alone." An editorial in the magazine by James E. C. Walker, M.D. of the University of Connecticut praised the article, observing, "Dr. Koffler demonstrates a cultivated respect for the quality of the elderly patient's remaining years; he is a fine model for his colleagues, young and old."

Koffler is quick to express his gratitude for being alive to write the article, after the remarkable aid he received years ago in an auto accident. He remembers, two decades back, "The car with me and my wife Shirley in it was set on fire. By strange luck, a Mr. David Kozoll, who had been at his evening college course, happened to be driving by because he was giving his professor a ride home. They came upon the scene, and David was mobilized into action. He broke through the window of our burning car and lifted Shirley and me out. Soon after, the car exploded. Shirley died in the emergency room of the nearest hospital. I was a patient there for over two months and lost my right hand.

"But I have lived to be 82, and have been able to extend and save lives, and thus repay the doctors who restored me to ability. David was given a Congressional citation for bravery and the Connelly Medal from the International Kiwanis Club. Despite that memorable tragedy, mine is a life of happiness."

Ronald L. Poland is enjoying his fifth year as Chairman of Pediatrics at the Pennsylvania State University College of Medicine and Milton S. Hershey Medical Center.

Bruce W. Weissman, Nathan B. Hirsch, and Richard L. Levitt enjoyed a New Year's Eve party together on Fisher Island, Florida.

'66

Robert Gibbon, Jr. has joined the psychiatric staff of Quakertown Community Hospital in Pennsylvania.

'67

Allan B. Wells has been elected President of the Medical Staff of the Institute of Pennsylvania Hospital in Philadelphia.

'68

Frank R. Walchak has been in plastic surgery practice for 16 years in Spokane.

'69 Twenty-Fifth Reunion June 10-12, 1994

John H. DeFrance continues to chair the Department of Surgery at Danbury Hospital in Connecticut.

Kenneth L. Wible has been appointed Chief of General Pediatrics at Children's Mercy Hospital in Kansas City.

Edward B. Yellig was selected Teacher of the Year at Wake Medical Center, an affiliate of the University of North Carolina where he is a Clinical Professor of Medicine.

'70

Michael K. Farrell has been appointed Chief of Staff at Children's Hospital Medical Center in Cincinnati, one of the largest pediatric facilities in the country.

Louis A. Freeman continues on the board of the Society for Ambulatory Anesthesia and is the Medical Director of Fresno Surgery Center in California.

Howard D. Toff has a new office for his psychiatry practice in Tucson.

'71

Alvan W. Atkinson visited St. Petersburg and was able to observe how surgery is practiced in Russia.

Edwin P. Ewing, Jr. is pathology chief at the Centers for Disease Control and Prevention in Atlanta.

Daniel B. Gould continues to practice anesthesiology at St. Louis Regional Medical Center in Missouri.

Ronald H. Hirokawa's son Kevin is in Jefferson's Class of '97. Dr. Hirokawa continues to serve as an Assistant Professor of Otolaryngology at Yale University.

Gregory J. Salko celebrated the twentieth anniversary of his family practice in Whites Crossing, Pennsylvania and was honored with a proclamation by Mayor John E. Moran.

Stephen C. Silver continues as an Assistant Professor at Jefferson and Chief of Colon and Rectal Surgery at both Delaware County Memorial Hospital and Mercy Haverford Hospital.

'72

Stanley J. Goldberg has been elected Chairman of Surgery at Boswell Memorial Hospital in Sun City, Arizona.

Norman W. Lindenmuth is now Vice President of Medical Affairs at St. Joseph's Hospital in Elmira, New York.

Stephen H. Smith is now practicing orthopaedic surgery in Sellersville as well as Quakertown, Pennsylvania.

'73

Robert P. Good is Chief of Orthopaedic Surgery at Bryn Mawr Hospital in Pennsylvania.

Anton P. Kemps has been appointed Medical Director for Cooper Health Care Services in Mount Laurel, New Jersey.

'74 Twentieth Reunion June 10-12, 1994

Albert L. Blumberg has been elected President of the Baltimore County Medical Association. He practices radiation oncology at Greater Baltimore Medical Center.



Joel M. Brown has been elected Chief of Staff at HCA Medical Center, Plano, Texas.

Bartley P. Griffith of the University of Pittsburgh Medical Center has been named to the Surgery, Anesthesiology, and Trauma Study Section, Division of Research Grants, National Institutes of Health.

John P. Lubicky recently served as a Visiting Professor of Pediatric Orthopaedics at Vilnius University in Lithuania.

Use of Scott Library

Scott Library has changed its loan period. Books now circulate for three weeks with one renewal. Bound journals circulate for one day with no renewal. Loose issues of journals do not circulate. This is intended to ensure that current journals are readily available.

Alumni are eligible for library borrower cards at a fee of five dollars per year. You must bring your blue alumni card to the library to receive a library subscription card. You must then go to the Photo I.D. Center, 1960 Gibbon Building, within one week for final processing. The Photo I.D. Center is open from seven until three, Monday through Friday. Special arrangements may be made by calling Barbara Shearer, the library's Associate Director for Public Services, at 215 955 2827.

What's News?

Tell us the latest. We may include it in these pages. Give the *Bulletin* a call at 215 955 7920 or fax 215 923 9916 or write to

"Attention *Alumni Bulletin*"

Jefferson Medical College
of Thomas Jefferson University
1020 Locust Street, Suite M-41
Philadelphia, PA 19107



Your diploma is from Jefferson Medical College of Thomas Jefferson University—please refer to your degree in this way.

Thomas J. Matulewski is Chairman of Surgery at Mercy Haverford Hospital, Havertown, PA.

Bruce P. Meinhard has been appointed Director of Orthopaedic Trauma at the Musculoskeletal Institute of North Shore University Hospital on Long Island.

'75

Gary S. Clark has been elected Secretary/Treasurer of the Association of Academic Physiatrists.

John H. Doherty, Jr. has been appointed Chairman of the Department of Physical Medicine and Rehabilitation at Mercy Hospital in Scranton, Pennsylvania.

Geno J. Merli has been promoted to Clinical Professor of Medicine at Jefferson.

'76

Michael A. Meloni, Jr. is finding his new position very challenging as emergency department director at St. Luke's Solon Medical Center near Cleveland.

'77

Robert S. Boova continues as Chief of Cardiac Surgery at Bryn Mawr Hospital, Bryn Mawr, Pennsylvania.

Paul R. Weber was recently elected Chief of the Medical Staff at Memorial Woman's Hospital in Long Beach, California.

'78

Jeffrey B. Bronstein recently was appointed a senior attending psychiatrist at Friends Hospital in Philadelphia.

Richard S. Buza was elected chairman of the Department of Medicine at J. C. Blair Hospital in Huntingdon, Pennsylvania.

Robert M. Lintz is on the Board of Directors of the Juvenile Diabetes Foundation and the New Jersey "Y" Camps.

Arthur J. Patterson, Jr. has expanded his general surgery practice in Waynesburg, Pennsylvania to include a new associate and a certified physician's assistant.

Robert H. Peters III has been elected Secretary/Treasurer of the Medical Staff

at Good Samaritan Regional Medical Center in Pottsville, Pennsylvania.

Eric J. Werner is still at Eastern Virginia Medical School as an Associate Professor of Pediatrics.

'79 Fifteenth Reunion June 10-12, 1994

Theodore J. Burdumy has been appointed Chairman of the Anesthesia Section at Huntington Memorial Hospital in Pasadena, California, where he has served as Secretary-Treasurer of the Executive Committee and Chairman of the Surgical Quality Management Committee.

Bernard S. Burke has been elected Vice Chief of the Medical Staff at Chester County Hospital in Pennsylvania.

William B. Laskin and his wife, GERALYNN Renner, M.D., are the proud parents of Grant Renner Laskin, born December 9.

William H. Messerschmidt is an Associate Professor and Director of Cardiovascular and Thoracic Surgery at the James H. Quillen College of East Tennessee State University.

Jonathan W. Sastic and **Lois M. Sastic** spent the months of March and April 1993 working as surgeons at the Kijade Medical Center in Kenya. **Carol A. Narkevic** has been practicing as a missionary in Kenya for the past five years, and is now about to go to Jamaica.

Mark H. Snyder of Washington received the 1993 teaching award from Kaiser Permanente of the Mid-Atlantic States.

'80

William T. Clements has been appointed Medical Director of the Caron Foundation in Reading, Pennsylvania.

Gail S. Greenspan has opened an office for the practice of psychiatry, specializing in women's issues and psychoanalysis, adjacent to Jefferson's campus.

Paul A. Kearney, Jr. is Associate Professor of Surgery and Chief of Trauma and Critical Care at Chandler Medical Center of the University of Kentucky.

continued on page 24

Residency Appointments

Eighty-one percent of the Class of '94 who participated in the National Resident Matching Program received one of their top three choices for postgraduate training. Fifty-nine percent matched with their first choice.

Robert Neroni photo

Arizona

PHOENIX CHILDREN'S HOSP.
Amy A. Ellis (Pediatrics)

ST. JOSEPH'S HOSP. (Phoenix)
Matthew T. Walker (Internal Med.-Prelim.)
(PGY-2: Radiology-Diagnostic,
Baystate Med. Ctr., Springfield, MA)
Franc W. Brodar (Internal Medicine)

California

HARBOR-UCLA MED. CTR.
Susan M. Partovi (Family Practice)
KAISER FOUNDATION HOSP. (San Francisco)
Theresa T. Lam (Internal Medicine)

KAISER PERMANENTE MED. CTR. (Santa Clara)
Keith A. Andrews (Internal Medicine)
Gertrude Shiu (Obstetrics/Gynecology)

LOS ANGELES COUNTY-UNIV. OF
SOUTHERN CALIF. MED. CTR.
Daniel S. Lee (Otolaryngology)

SAN DIEGO NAVAL HOSP.
Prodromos G. Borboroglu (Surgery)
Mark Kostic (Internal Medicine)
David S. Thoman (Surgery)

SAN MATEO COUNTY GEN. HOSP.
Stephen J. Pittelli (Psychiatry)

SANTA CLARA VALLEY MED. CTR.
Angeline K. Katz-Torop (Obstet./Gynecology)

UNIV. OF CALIFORNIA-IRVINE MED. CTR.
Duc M. Tran (Internal Medicine)

UNIV. OF CALIF.-SAN DIEGO MED. CTR.
Jeffrey Chao (Psychiatry)
Maureen C. Vaughan (Pediatrics)

UNIV. OF CALIFORNIA-SAN FRANCISCO
Lisa H. Tai (Pathology)

Colorado

UNIV. OF COLORADO SCHOOL OF MED.
(Denver)
Scott D. Lee (Internal Medicine)

Connecticut

BRIDGEPORT HOSP.
Cary X. Rose (Surgery)

HARTFORD HOSP.
Collins O. Osula (Obstetrics/Gynecology)

STAMFORD HOSP. (Stamford, CT)/
NEW YORK MED. COLLEGE
Robert Chang (Obstetrics/Gynecology)
Mi-Yung Yoon (Surgery)

UNIV. OF CONN. HOSP. (Farmington)
Jeffrey G. Adams (Surgery-Preliminary)
Deborah L. Edberg (Family Practice)
Robert A. Felberg (Internal Med.-Prelim.)
(PGY-2: Neurology, Yale-New Haven
Hosp., New Haven, CT)
Denis P. Rogers (Orthopaedics)

YALE-NEW HAVEN HOSP. (New Haven, CT)
Elizabeth A. Pritts (Obstetrics/Gynecology)
Kimberly K. Ruhl (Internal Med.-Preliminary)

District of Columbia

CHILDREN'S NATIONAL MED. CTR.
Lauren G. Sbröllini (Pediatrics)

GEORGETOWN UNIV. HOSP.
Manesh Krishnan (Internal Medicine)
Hugh M. Lasch (Internal Medicine)
Blanche H. Mavromatis (Internal Medicine)

WALTER REED ARMY MED. CTR.
John D. Statler (Pediatrics)
Jennifer A. Temo (Transitional)

WASHINGTON HOSP. CTR.
Gary A. DeSimone (Internal Medicine)

Delaware

MED. CTR. OF DELAWARE (Newark)
Ignatius C. Cyriac (Transitional)
(PGY-2: Ophthalmology, Hahnemann
Univ. Hosp., Philadelphia)

Sandra M. Gibney (Family Practice)
Timothy J. Hennessy (Internal Medicine)
Jeanne M. Lasota (Internal Medicine)
Carole D. Levy (Emergency Medicine)
Reba Mukerjee (Family Practice)
Marissa G. Nunez (Obstetrics/Gynecology)
Robert A. Rosenbaum (Emergency Med.)
Fred T. Wang (Radiology-Diagnostic)

ST. FRANCIS HOSP. (Wilmington)
Jill E. Mackey (Family Practice)

Florida

JACKSON MEMORIAL MED. CTR. (Miami)
Kelly M. Clarke (Pediatrics)
Joshua T. Green (Urology)

MAYO CLINIC (Jacksonville)
Michael J. Fialho (Internal Medicine)

UNIV. OF FLORIDA/SHANDS HOSP.
(Gainesville)
Grayson H. Wheatley (Surgery-Preliminary)

Georgia

EMORY UNIV. SCHOOL OF MED. (Atlanta)
Suprith Badarinath (Internal Medicine)
Scott D. Lasner (Emergency Medicine)
Martin R. Siegfried (Internal Medicine)

GEORGIA BAPTIST MED. CTR. (Atlanta)
Jeffrey A. Sherman (Family Practice)

Hawaii

TRIPLER ARMY MED. CTR. (Honolulu)
Paulus D. Tsai (Pediatrics)

Illinois

CHRIST HOSP. (Oak Lawn, IL)
Paul I. File (Emergency Medicine)

LOYOLA UNIV. MED. CTR. (Maywood, IL)
Julianna E. Eshbach (Internal Med.-Prelim.)

RUSH-PRESBYTERIAN-ST. LUKE'S
MED. CTR. (Chicago)
Nivedita Chander (Internal Medicine)

UNIV. OF CHICAGO-WEISS MEM. HOSP.
Srinivas S. Bollimpalli (Transitional)

Iowa

UNIV. OF IOWA (Iowa City)
Jatinder P. Ahluwalia (Internal Medicine)

Louisiana

TULANE UNIV. SCHOOL OF MED.
(New Orleans)
Elaine L. Goldhammer (Family Practice)

Maryland

FRANKLIN SQUARE HOSP. CTR. (Baltimore)
Karen E. Stefanko (Family Practice)

THE JOHNS HOPKINS UNIV.
SCHOOL OF MED. (Baltimore)
David M. Steinberg (Pathology)

MALCOLM GROW USAF MED. CTR.
(Andrews Air Force Base)
John P. Metz (Family Practice)

NATIONAL NAVAL MED. CTR. (Bethesda)
Thomas M. Duggan (Internal Medicine)
Kenneth F. More (Internal Medicine)

UNIV. OF MARYLAND MED. CTR.
(Baltimore)
Todd S. Crocenzi (Internal Medicine)
Jonathan S. Fish (Internal Medicine)
Rachel S. Hinerman (Internal Med.-Prelim.)
Peter S. Liao (Surgery)
Daniel S. Rifkin (Pediatrics)

Massachusetts

BOSTON UNIV. SCHOOL OF MED.
Shmuel Shoman (Internal Medicine)

NEW ENGLAND DEACONESS HOSP.-
HARVARD MED. SCHOOL (Boston)
Kristen M. Robson (Internal Medicine)

UNIV. OF MASS. MED. SCHOOL (Worcester)
Steven A. DiCastro (Emergency Medicine)
Michael A. Marciello (Internal Med.-Prelim.)
(PGY-2: Physical Med. and Rehabilitation,
Spaulding Rehabilitation Hosp., Boston)

Michigan

WAYNE STATE UNIV.-DETROIT MED. CTR.
Pavan G. Reddy (Surgery-Preliminary)
(PGY-2: Otolaryngology,
Wayne State Univ.-Detroit Med. Ctr.)

UNIV. OF MICHIGAN MED. SCHOOL
(Ann Arbor)
Joseph Ladika (Internal Medicine)

Minnesota

MAYO GRADUATE SCHOOL OF MED.
(Rochester, MN)
Joseph S. Ducaji, Jr. (Anesthesiology)

UNIV. OF MINNESOTA HOSP. AND CLINIC
(Minneapolis)
Prince J. Kannankeril (Medicine-Pediatrics)

Missouri

BARNES HOSP. (St. Louis)
Charles M. Vollmer (Surgery)

TRUMAN MED. CTR. (Kansas City, MO)
Armand G. Sprecher (Emergency Medicine)

North Carolina

DUKE UNIV. MED. CTR. (Durham)
Matthew D. Barber (Obstetrics/Gynecology)

EAST CAROLINA UNIV. SCHOOL OF MED.
(Greenville)
Tyamae Y. Julien (Surgery-Preliminary)

New Hampshire

DARTMOUTH-HITCHCOCK MED. CTR.
(Hanover)
Catherine A. Jakubowitch (Psychiatry)

New Jersey

OVERLOOK HOSP. (Summit, NJ)
Margaret C. Avagliano (Transitional)
(PGY-2: Radiology-Diagnostic, UMDNJ-
New Jersey Med. School, Newark)

UMDNJ-R. W. JOHNSON
MED. SCHOOL (Camden)
Lehein T. Bui (Internal Med.-Preliminary)
Michael D. Stambaugh (Internal Med.-
Preliminary)
(PGY-2: Radiation Oncology,
UMDNJ-R. W. Johnson Med. School)
Michael S. Weinstein (Surgery)

New York

LENOX HILL HOSP. (New York)
Todd R. Coven (Internal Medicine)

LONG ISLAND JEWISH MED. CTR.
(New Hyde Park)
Julia K. Salwen (Urology)

MT. SINAI MED. CTR. (New York)
Jonathan M. Berkowitz (Pathology)

THE NEW YORK HOSP.-CORNELL MED. CTR.
(New York)
Tracy R. Calvo (Surgery)

ST. VINCENT'S MED. CTR. (Staten Island)
Ravindra C. Rajmane (Internal Medicine)

SUNY HEALTH SCIENCE CTR. (Syracuse)
Patrick J. Chiles (Surgery-Preliminary)
(PGY-2: Otolaryngology,
SUNY Health Science Ctr., Syracuse)
Thomas G. Green (Radiology-Diagnostic)
Michelle F. Metzger (Surgery)

UNIV. OF ROCHESTER/STRONG MEM. HOSP.
Hwaok Kim (Internal Medicine)

Ohio

AKRON CITY HOSP.
Rakesh R. Chawla (Internal Medicine)

MIAMI VALLEY HOSP. (Dayton)
Nadeem Hussain (Surgery)

ST. LUKE'S MED. CTR. (Cleveland)
Jay H. Schwartz (Surgery)

UNIV. OF CINCINNATI HOSP.
Rupal Mehta (Medicine-Pediatrics)

Pennsylvania

ABINGTON MEMORIAL HOSP.
Chris T. Derk (Internal Medicine)
John J. Siliquini, Jr. (Internal Med.-Prelim.)
(PGY-2: Ophthalmology,
Wills Eye Hosp., Philadelphia)
Karen E. Wood (Family Practice)

ALBERT EINSTEIN MED. CTR. (Philadelphia)
John P. Salvo (Orthopaedics)
Allison C. Lam (Surgery)

ALLEGHENY GENERAL HOSP. (Pittsburgh)
Daniel A. Danyo (Surgery-Preliminary)
(PGY-2: Physical Med. and Rehabilitation,
Emory Univ. School of Med., Atlanta)
Anne C. Kisthardt (Obstetrics/Gynecology)

CHESTNUT HILL HOSP. (Philadelphia)
Suzanne K. Freitag (Transitional)
(PGY-2: Ophthalmology,
Wills Eye Hosp., Philadelphia)
Kimberly A. Levin (Transitional)
Nannette R. Zale (Transitional)
(PGY-2: Ophthalmology,
Henry Ford Hosp., Detroit)

CHILDREN'S HOSP. OF PHILADELPHIA
Christine Sweeney (Pediatrics)

CROZER-CHESTER MED. CTR. (Upland, PA)
Barry R. Fuller (Transitional)
(PGY-2: Ophthalmology, St. Luke's-
Roosevelt Hosp. Ctr., New York, NY)
James C. Sperrazza (Transitional)
(PGY-2: Anesthesiology,
Thomas Jefferson Univ. Hosp.)
John C. Witherell (Transitional)
(PGY-2: Ophthalmology,
Wills Eye Hosp., Philadelphia)

GEISINGER MED. CTR. (Danville)
Carl M. Charnetski (Internal Medicine)

GRADUATE HOSP. (Philadelphia)
Darin J. Correll (Internal Med.-Preliminary)
(PGY-2: Anesthesiology,
Thomas Jefferson Univ. Hosp.)
John E. Duda (Internal Med.-Preliminary)
(PGY-2: Neurology,
Thomas Jefferson Univ. Hosp.)
Keris M. George (Internal Med.-Preliminary)
(PGY-2: Ophthalmology,
Temple Univ. Hosp., Philadelphia)
Janice R. Hong (Surgery)
Marie P. Richardson (Internal Medicine)
HAHNEMANN UNIV. HOSP. (Philadelphia)
Mitchell M. Weiss (Orthopaedics)

HOSP. OF THE UNIV. OF PENNSYLVANIA
(Philadelphia)
John B. Bruder (Internal Medicine)
David A. Lipson (Internal Medicine)

LANCASTER GENERAL HOSP.
Vivica D. Vollmer (Family Practice)

LANKENAU HOSP. (Wynnewood, PA)
Allison Britt-Kimmins (Internal Med.-Prelim.)
Patrick T. Christy (Obstetrics/Gynecology)
Kristen K. Galli (Internal Med.-Preliminary)
(PGY-2: Anesthesiology,
Duke Univ. Med. Ctr., Durham, NC)
Christina M. Mandanas (Internal Medicine-
Preliminary)
(PGY-2: Anesthesiology,
Univ. of Calif.-Irvine Med. Ctr.)
Holly S. Pheasant (Surgery-Preliminary)
Jerry D. Walker (Internal Med.-Preliminary)

Ravi M. Giyanani (Internal Med.-Preliminary)
(PGY-2: Radiology-Diagnostic,
Loyola Univ. Med. Ctr., Maywood, IL)
Karyn C. Markley (Obstetrics/Gynecology)
Monique McCorvey (Surgery-Preliminary)
Kenneth S. Palys (Surgery)
Hiroomi Tada (Surgery)

SHADYSIDE HOSP. (Pittsburgh)
Merry K. Demko (Family Practice)

ST. CHRISTOPHER'S HOSP. (Philadelphia)
Sulagna Chakraborty (Pediatrics)
Jamie R. McElrath (Pediatrics)
Christy A. Salvaggio (Pediatrics)

ST. MARGARET MEMORIAL HOSP.
(Pittsburgh)
Todd A. McCaslin (Family Practice)

TEMPLE UNIV. HOSP. (Philadelphia)
Lisa M. Jardine (Obstetrics/Gynecology)
Christopher J. Mancuso (Orthopaedics)
Lisa A. Medvetz (Surgery)

WILLIAMSPORT HOSP.
Constance M. Sweet (Family Practice)
YORK HOSP. (York, PA)
Karen E. Alexander (Family Practice)

Rhode Island

MEMORIAL HOSP. OF RHODE ISLAND
(Pawtucket)
Barry M. Kottler (Family Practice)

WOMEN AND INFANTS HOSP. (Providence)
M. David Beitle (Obstetrics/Gynecology)

South Carolina

MED. UNIV. OF SOUTH CAROLINA
(Charleston)
Paul J. Antal (Family Practice)

RICHLAND MEMORIAL HOSP. (Columbia)
Lisa K. Ortiz (Emergency Medicine)

Texas

BAYLOR COLLEGE OF MED. (Houston)
Leo F. Kenzakowski (Medicine-Pediatrics)
Swamy Nagubadi (Internal Medicine)

BROOKE ARMY MEDICAL CTR.
(Fort Sam Houston)
Martin J. Vinca (Surgery)

TEXAS A & M UNIV. COLLEGE OF MED.
(Temple, TX)
Robert C. Dobrowski (Internal Medicine)

UNIV. OF TEXAS SOUTHWESTERN
MED. SCHOOL (Dallas)
Braden Kuo (Internal Medicine)
Christina C. Wee (Internal Med.-Preliminary)

Virginia

MED. COLLEGE OF VIRGINIA (Richmond)
Christina A. Cirucci (Obstetrics/Gynecology)

PORTSMOUTH NAVAL HOSP.
William W. Cupo (Internal Medicine)
Joel E. Martin (Internal Medicine)
Colleen A. Rogers (Pediatrics)
Craig D. Shepps (Surgery)
Cynthia S. Sikorski (Internal Medicine)

UNIV. OF VIRGINIA HOSP. (Charlottesville)
Richard A. Van Meter (Family Practice)

Vermont

MED. CTR. HOSP. OF VERMONT
(Burlington)
Dennis R. Beatty (Internal Medicine)

Washington

MADIGAN ARMY MED. CTR. (Tacoma)
Sara Boland (Family Practice)

VIRGINIA MASON HOSP. (Seattle)
James J. Buttitta (Internal Medicine)
Brian R. Mack (Anesthesiology)



LATROBE AREA HOSP.
Jennifer L. Adams (Family Practice)
Norman L. Carlos (Family Practice)
Dennis R. Glover (Family Practice)
Donald F. Ratchford (Family Practice)

LEHIGH VALLEY HOSPITAL (Allentown)
Paula A. Lundgren (Surgery)

MEDICAL COLLEGE OF PENNSYLVANIA
(Philadelphia)
Lisa C. Ceppetelli (Emergency Medicine)

MERCY CATHOLIC MED. CTR. (Philadelphia)
John J. Park (Transitional)
(PGY-2: Anesthesiology,
Thomas Jefferson Univ. Hosp.)
Hae W. Shin (Transitional)
(PGY-2: Radiology-Diagnostic,
Mercy Catholic Med. Ctr.)

MERCY HOSP. (Pittsburgh)
Brian C. Foresman (Surgery)

MILTON S. HERSHEY MED. CTR. (Hershey)
James R. Hills (Radiology-Diagnostic)
Rebecca K. Holmes (Medicine-Pediatrics)
George O. Maish III (Surgery)

PENNSYLVANIA HOSP. (Philadelphia)
Jennifer A. Beauchamp
(Obstetrics/Gynecology)
Christopher T. Carey (Surgery-Preliminary)
Raymond K. Chung (Surgery-Preliminary)
(PGY-2: Orthopaedics, George Washing-
ton Univ. Hosp., Washington, DC)

THOMAS JEFFERSON UNIV. HOSP.
Karen L. Hotchkin (Internal Medicine)
Carl E. Becker II (Orthopaedic Surgery)
George L. Becker III (Emergency Medicine)
Melissa A. Burke (Pathology)
Danielle J. Campisi (Internal Medicine)
David M. Capuzzi (Pathology)
Kenneth Chang (Internal Medicine)
Cynthia Cheng (Family Practice)
Frances Feigl (Psychiatry)
Jean P. Haab (Internal Medicine)
John J. Huang (Surgery-Preliminary)
Marc J. Lamb (Orthopaedic Surgery)
Gerald J. Lee (Internal Medicine)
Mary M. Maniscalco (Family Practice)
Jaap P. Naktin (Internal Medicine)
Rodolfo M. Pascual (Internal Medicine)
Sharon I. Rosen (Family Practice)
Britt E. Sanford (Surgery)
Suken A. Shah (Orthopaedic Surgery)
Godfrey R. Tang (Internal Medicine)
Stephen A. Zerby (Psychiatry)

TJU/DELAWARE CHILDREN'S HEALTH
David E. Chasen (Pediatrics-Preliminary)
Mary A. Simon (Pediatrics)
Bambi L. Taylor (Pediatrics)

UNIV. OF PITTSBURGH SCHOOL OF MED.
Patricia A. Aronica (Pathology)
Vidu Garg (Pediatrics)
Amy E. Geddis (Pediatrics)
Sean P. Tirney (Surgery-Preliminary)
(PGY-2: Urology, Univ. of Pittsburgh)

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James W. Lockard, Jr. and wife Mary Ann of Lewes, Delaware are the proud parents of a son, James, born July 28, 1993.

Daniel B. Mingle was recently elected President of the Medical Staff at Stephens Memorial Hospital in Norway, Maine.

Barry W. Rovner was named one of the "Best Mental Health Experts" in the category of geriatric psychiatry in the February 1994 issue of *Good Housekeeping*. The list was compiled after a survey of prominent psychiatrists and psychologists in which they were asked to list their foremost peers.

'81

Ina M. Gilmore has completed his fellowship in infectious diseases at Bowman Gray School of Medicine in Winston-Salem, North Carolina, and been appointed an Assistant Professor of Medicine at Albany Medical College, where he is working on AIDS.

George W. Kennedy has joined the emergency medicine staff at Latrobe Area Hospital in Pennsylvania.

Anne L. Rosenberg made the cover of *Philadelphia* magazine's March 1994 issue. On the magazine's annual list of the area's best doctors were 162 Jeffersonians, comprising numerous medical college and postgraduate alumni and 88 members of the house staff. The selection was based on a survey of doctors and nurses in the Philadelphia area. Rosenberg, who specializes in breast cancer surgery, is an Assistant Professor at Jefferson.

George A. Winch, Jr. was recently appointed Chief of Surgery and Obstetrics and Gynecology at Elko General Hospital in Elko, Nevada.

'83

Barbara L. Davis has moved to Savannah, Georgia and joined a group practice of plastic surgery.

Louis F. D'Amelio has received a \$190,000 grant from the National Highway Traffic Safety Administration to study leukocyte adhesion in hemorrhagic shock.

Eugene J. Hammell, Jr. is now a full partner in a Pittsburgh practice of general surgery and burn trauma with **Harvey Slater '65**.

David C. Lehmann has joined the cardiology staff at Holy Redeemer Hospital and Medical Center in Langhorne, Pennsylvania.

Susan L. Rogers is practicing family medicine at a new office in Georgetown, Delaware along with **J. Eric Hale '88**.

Frederick W. Ruthardt, Jr. has recently joined the gastroenterology staff at Frick Hospital in Latrobe, Pennsylvania.

'84 Tenth Reunion June 10-12, 1994

Gerald T. Celestine is a new member of the emergency medicine staff of Warren General Hospital in Pennsylvania.

Deirdre M. Collins and husband **Steven C. Flashner '82** are in private practice in Doylestown, Pennsylvania.

James P. Daubert is now Director of Electrophysiology at the University of Rochester School of Medicine.

Robert L. Davoli and wife Dawn are the proud parents of their first child, Patrick Michael, now one year old.

Karen A. Edwards-Crawford currently has a solo internal medicine practice in Montgomery, Alabama.

Andrew J. Escoll and wife Tina are the proud parents of Laurel Eileen, born December 23.

Gregory R. Gordon was elected Chairman of the Department of Family Practice at St. Mary Hospital in Langhorne, Pennsylvania.

George W. Heffner, Jr. has joined Pottsville Internists Associates in Pennsylvania.

George B. Lisehora is now Chief of Colorectal Surgery at Tripler Army Medical Center in Honolulu. He and his wife Tanya are thrilled at the birth of daughter Bria Rose on July 2, 1993, while **Vincent J. MacAndrew, Jr.** and wife Kathy announce the birth of their third son, Bryce, on November 11.

James J. Martin was appointed to the medical staff at St. Luke's Hospital in Allentown.

Herman J. Michael, Jr. is in a renal medicine practice with offices in Paoli, Exton, and Upland, Pennsylvania.

'85

David M. Fink has joined the obstetrics and gynecology staff at Southern Chester County Medical Center in Pennsylvania.

J. Stephen Long has moved to a new family practice in Trexlertown, Pennsylvania.

Armando A. Mendez has joined the Department of Orthopaedics at Taylor Hospital in Delaware County.

'86

Beverly L. Bowker was appointed to the oncology staff at Winchester Hospital in Burlington, Massachusetts.

Louis L. Keeler III is practicing urology in Haddon Heights, New Jersey and has staff privileges at Our Lady of Lourdes Hospital and West Jersey Health System.

Keith R. Superdock was appointed to the Department of Nephrology at Sacred Heart Hospital in Norristown, Pennsylvania.

'87

Sharon A. Beckhard is practicing neurology at Abington Hospital in Pennsylvania.

Michael L. Cohan has a practice in the suburbs of Chicago and lives directly across from Wrigley Field where he enjoys the Cubs games.

Michael R. Zaragoza and his father are practicing together in Dover, Delaware.

'88

Bruce M. Decter and his wife Shari announce the birth of their third child, Gabrielle Paige, on January 14, the same day as Ryan Nicholas Staffen, the new son of **Robert N. Staffen** and his wife Dottie. **Scott E. Olitsky** and his wife Andrea are thrilled at the birth of identical twins Ellie Rachelle and Peri Yael on October 8. He is an Assistant Professor in Pediatric Ophthalmology at the Children's Hospital of Buffalo.

Postgraduate Alumni

'76 **Terence A. Cochran, M.D., GS'76** has been elected President of the Medical Staff of Moses Taylor Hospital in Scranton, Pennsylvania, where he practices surgery.

'77 **Takeshi Matsui, M.D., HSO'77** was among the speakers at the annual symposium of the Hand Rehabilitation Foundation and Jefferson Medical College, held March 12 through 15. He returned for the meeting from Japan, where he has an orthopaedic clinic in Mie Prefecture.

'78 **Albert L. Pizzica, D.O., PD'78** has been elected President of the Philadelphia Perinatal Society for a two-year term. He practices at Episcopal Hospital.

'83 **David L. Shupp, M.D., IM'83**, who has trained as a dermatologist, practices at the Tennessee Dermatology Center in Knoxville.

'86 **Armand Braun, M.D., P'86** is now on the psychiatry staffs of Holmes Regional Medical Center and Palm Bay Community Hospital in Florida.

'87 **Karen Trygg Wold, M.D., IM'87** has joined Catawba Dermatology Associates and the medical staff of Frye Regional Medical Center in North Carolina. **John T. Gallagher, M.D., OTO'87** is serving on the Medical Staff Executive Committee at Saint Mary Hospital in Langhorne, Pennsylvania, representing its surgery department. **Howard B. Melnick, M.D., OTO'87** has opened a new office in Lebanon, Pennsylvania. He established his ear, nose, and throat practice in Lebanon right after finishing his training. He was recently joined in the practice by Jefferson Medical College graduate **John J. Moffitt '88**.

'92 **Rakesh Verma, M.D., AI'92** is now on the medical staff of Altoona Hospital in Altoona, Pennsylvania, specializing in allergy and clinical

immunology. **Alexander R. Vaccaro, M.D., ORS'92** has been appointed an Assistant Professor of Orthopaedic Surgery at Jefferson, having completed a one-year spine fellowship at the University of California, San Diego. He is currently studying several aspects of spinal injury and repair. In 1992 he received the Eastern Orthopaedic Association Resident/Fellow Research Award and the American Orthopaedic Association's Zimmer Resident Research Award. Dr. Vaccaro also pursues an interest in graphic illustration, with projects such as medical children's books and illustrations for a recent journal article on complications in spinal fusion.

'93 **Monica L. Richey, M.D., D'93** has joined a practice at Intermedic Health Center near Charlotte Harbor, Florida. Her professional interests include dermatologic surgery and cosmetic dermatology. She has used her dermatology knowledge as a volunteer in Chili and Panama.

Upcoming Events

April 26, Tuesday, 4:00 P.M.
THE SENIOR CLASS PRESENTS THE PORTRAIT OF RONALD P. JENSH, PH.D. '66, Professor of Anatomy
McClellan Hall, 1025 Walnut St.

April 27-29, Wednesday through Friday
COMPUTERS IN HEALTH CARE EDUCATION SYMPOSIUM at Jefferson, with participants from around the country; workshops and general sessions on development and management of multimedia and networks. For more information, phone 215 955 4990

April 28, Thursday
ALUMNI ASSOCIATION ANNUAL BUSINESS MEETING (rescheduled from March 3 due to inclement weather)
5:00 Reception welcoming the freshman class, Eakins Lounge, Alumni Hall
6:30 Buffet Supper begins, Faculty Club
6:45 Annual Business Meeting
7:15 Alumni Executive Committee Meeting

May 3 and 5, Tuesday and Thursday
TWO-PART SEMINAR IN SCIENTIFIC WRITING, as part of the celebration of the hundredth anniversary of Jefferson's library. For more information, phone 215 955 6391. The celebration of the anniversary continues through fall 1994

May 5, Thursday, 8:00 A.M.
(Medical Grand Rounds)
GRANDON LECTURE, featuring William L. Roper, M.D., M.P.H., President of the Prudential Center for Health Care Research, Atlanta, followed by a faculty panel, Herbut Auditorium, 1025 Walnut St.

May 5-19
ART EXHIBIT PRESENTED BY THE FACULTY WIVES CLUB—Reception on May 5, Thursday, 5:00-7:00, Mezzanine Balcony, Alumni Hall, 1020 Locust St. (open to the public)

May 6, Friday, 8:00 P.M.
CONCERT BY THE THOMAS JEFFERSON UNIVERSITY CHOIR AND ORCHESTRA
McClellan Hall, 1025 Walnut St.

May 9, Monday, 6:00 P.M.
Orlando, Florida
JEFFERSON RECEPTION at the meeting of the American College of Obstetricians and Gynecologists

May 24, Tuesday, 6:00 P.M., Philadelphia
JEFFERSON RECEPTION at the meeting of the American Psychiatric Association

June 19-22, Sunday-Wednesday
FIFTH INTERNATIONAL CONFERENCE ON THE MOLECULAR BIOLOGY AND PATHOLOGY OF MATRIX, at the Jefferson Institute of Molecular Medicine, phone 215 955 2025

November 11-13, Friday-Sunday
CULTURAL WEEKEND IN PHILADELPHIA including concerts and museums (watch for the Summer *Bulletin* for details and a reservation form)

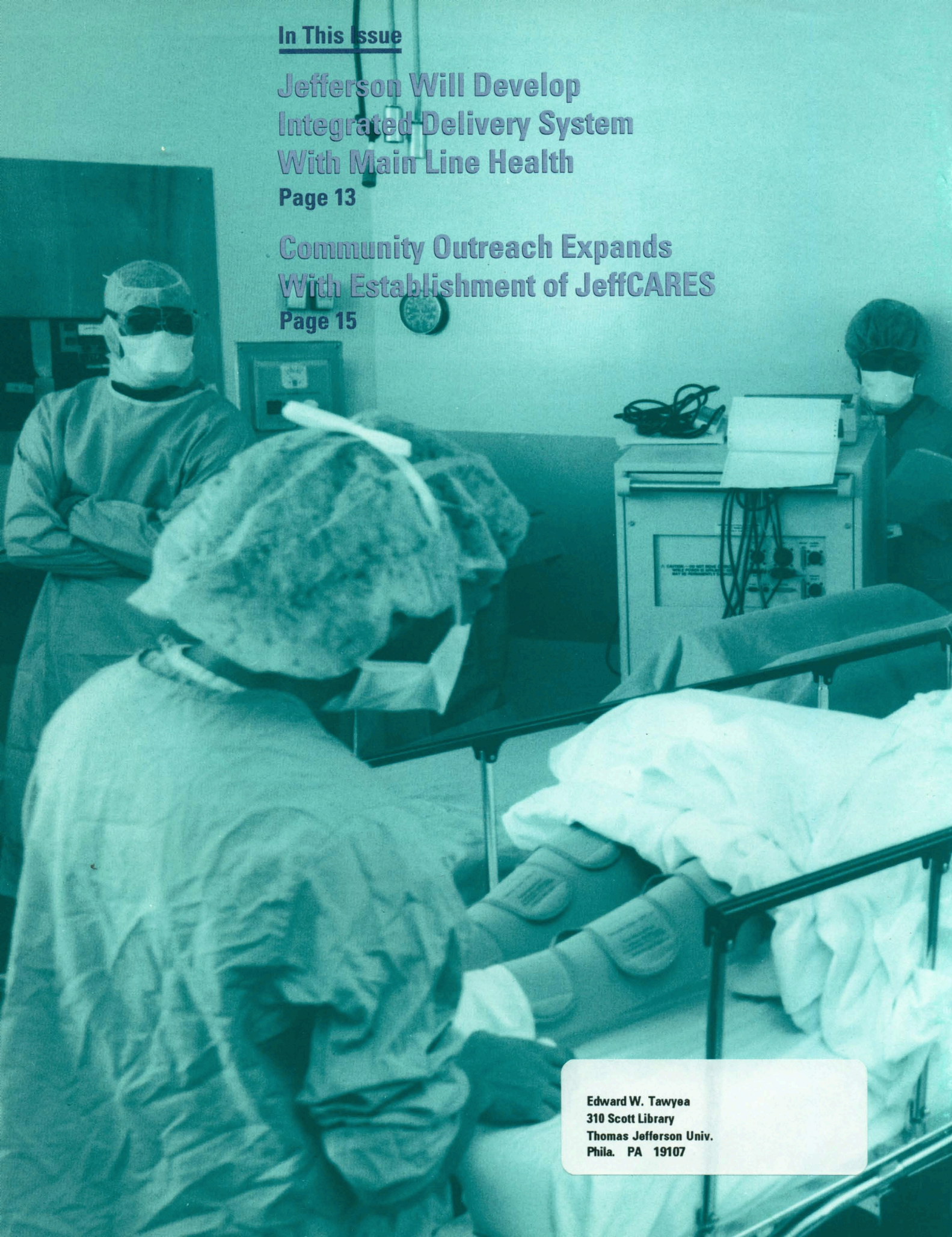
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Edward W. Tawyea
310 Scott Library
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